

L12000126191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

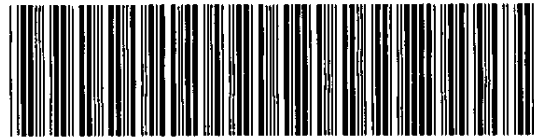
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263154507

09/02/14--01034--002 **85.00

Resignation
of RA

RECEIVED
14 SEP -5 PM 12:17
DIVISION OF CORPORATIONS

14 SEP -2 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTACHED
AND
FILED

DR
9/2/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fire Star Wheel Repair, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000126191

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cody Perrault
Name of Person

Name of Firm/Company

7578 Colony Lake Dr
Address

Baynton Bch FL 33436
City/State and Zip Code

Cody p 232 @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cody Perrault at (850) 528-5845
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Cody Perrault
Name of Registered Agent

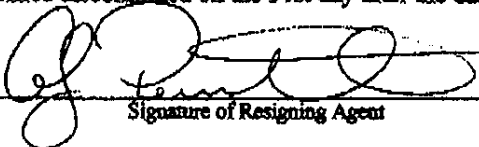
, hereby resigns as

Registered Agent for

Fire Star Wheel Repair, LLC
Name of Limited Liability CompanyL12000126191
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name_____
Capacity**FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STATE
TALLAHASSEE, FLORIDA
FILED

14 SEP -2 PM 12:26

APPROVED
FILED