

U7 0000 03651

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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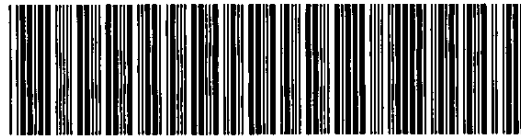
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JAN 04 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTO SERVICIO MECANICO L.L.C

Name of Limited Liability Company

DOCUMENT NUMBER: L13000003651

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:

HENDER ALVAREZ

Name of Person

AUTO SERVICIO MECANICO L.L.C

Name of Firm/Company

4692 LUCERNE LAKES BLVD E, BLDG #9 - APT 206

Address

LAKE WORTH, FL 33467

City/State and Zip Code

nngonzal@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENDER ALVAREZ

Name of Person

at (954) 338-5053

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

LADY SANTAMARIA

, hereby resigns as

Name of Registered Agent

Registered Agent for AUTO SERVICIO MECANICO, L.L.C.

Name of Limited Liability Company

L13000003651

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.

Lady Santamaria
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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15 DEC 31 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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