

7 **L13000008598**

(Requestor's Name)

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(City/State/Zip/Phone #)

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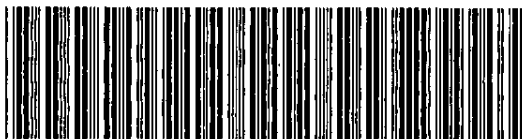
(Business Entity Name)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Crowntyre America LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000008598

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:

Karen P. Finesilver, Esq.

Name of Person

K&L Gates LLP

Name of Firm/Company

200 S. Biscayne Blvd, Suite 3900

Address

Miami, Florida 33131

City/State and Zip Code

jody@crowntyre.com

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

For further information concerning this matter, please call:

Karen P. Finesilver

at (

305

539-3326

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Xiuliang Wang, hereby resigns as

Name of Registered Agent

Registered Agent for Crowntyre America, LLC

Name of Limited Liability Company

L13000008598

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

Wang Xiuliang

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

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