Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and hottom of all pages of the document.

(((H150001245163)))

H150001245183ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617~6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for Enter annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT RESIGNATION VLADY'S TRUCKING & REPAIR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

Corporate Filing Menu

Help

MAY 2 6 2015

5/22/2015

11111

10:46:42 a.m. 05-22-2015 H 150001245163

COVER LETTER

VI ADVIS TRUCKING & DEDAID LUC

TO: Registration Section Division of Corporations

SUBJECT:	o indominat	E METAIN, LLD		
	Name	of Limited Liability	Company	_
DOCUMENT NUM	BER:L130	00017720		
The enclosed Resignation filing.	tion of Registered A	gent for a Limited	Liability Company and fee a	re submitted
Please return all corre	spondence concernit	g this matter to th	e following:	
Wendy Hefley				
	Name of Person			
Incorp Services, in	C .			
Nar	ne of Firm/Company	W. W.		
2360 Corporate Cir	cle, Suite 400			
	Address		,	
Henderson, NV 89	074			
City	/State and Zip Code		•	
processing@Incorp				
E-mail address: (to b	e used for future annual	report netification)	•	
For further information	n concerning this ma	atter, please call:		
incorp Services, ind	Wendy Hefley	702	866-2500 ext 6601	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

11111

H(らい)(1245/65)34.m. 05-22-2015 H(らい)(1245/65

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011	o, Florida Statutes, the uno	iersigned,			
Incorp Services, Inc.			, hereby resigns as			,
	Name of Registered Ages					
Registered Agent for _	VLADY'S TRUC	KING & REPAIR, LLC	<u>; </u>			
			·.		و	
	Name of Lim	ited Liability Company				
L130000	17720					
Document N	himber, if known					
A copy of this resignat	tion was mailed to the a	thove listed limited liabilit	y company at its last knov	vn addres	55.	
The agency is terminal	ed and the office disco	ntinued on the 3 lst day aff	ler the date on which this	sistemen	ı iş file	3d.
	plens	Signistration of Resigning Agent				
If signing on behalf of	an entity:	-00X				
	Wendy Hefley fo	or Incorp Services, Inc	Ž	<u>.</u>	द्धा	
	7	yped or Printed Nume		- ' <u> </u>	13	
	Authorized Repa	resentative	· · · · · · · · · · · · · · · · · · ·			77
		Capacity			2	=
				rri	-0	[1]
					7	
		FEES:	AAmnanir		ىب	
	\$ 85.00 \$ 25.00	Active limited liability Administratively dissol withdrawn limited liab	ived/voluntarily dissolve vility company	d/ ====	02	

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