

L13000019511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

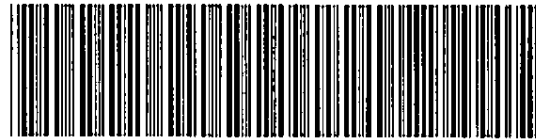
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600305009406

600305009406
10/27/17 10:03:00 005 \$85.00

FILED

17 OCT 27 PM 1:49

DIVISION OF

OCT

2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Breeze Automotive, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 13000019511

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:

Mason K. Bragg
Name of Person

Gulf Breeze Automotive
Name of Firm/Company

4373 Gulf Breeze Pkwy
Address

Gulf Breeze, FL 32563
City/State and Zip Code

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

For further information concerning this matter, please call:

Mason K. Bragg at (850) 382-4860
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Tracy A. Bragg, hereby resigns as
Name of Registered Agent

Registered Agent for Gulf Breeze Automotive, LLC
Name of Limited Liability Company

L13000019511
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.

Tracy Bragg
Signature of Resigning Agent

If signing on behalf of an entity:

Tracy Bragg
Typed or Printed Name
Vice President
Capacity

FILED
17 OCT 27 PM 1:45
DIVISION 11

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