

L13000028557

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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17 JAN 20 PM 1:57

FILED
CLERK OF COURT
JAN 20 2017

JAN 23 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: equiparts south llc

Name of Limited Liability Company

DOCUMENT NUMBER: L83000028557

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:

MIGUEL RODRIGUEZ

Name of Person

Equiparts South LLC

Name of Firm/Company

NO Address

Address

APT 5-F

150SE 25 ROAD MIAMI FLA 33129

City/State and Zip Code

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

For further information concerning this matter, please call:

MIGUEL RODRIGUEZ

305

962-8675

at

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

MIGUEL RODRIGUEZ

, hereby resigns as

Name of Registered Agent

Registered Agent for **EQUIPARTS SOUTH LLC**

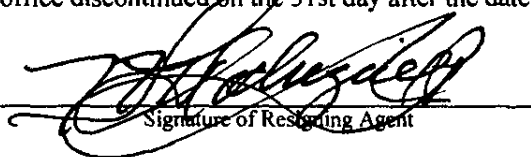
Name of Limited Liability Company

L13000028557

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

17 JAN 20 PM 1:57

FILED
DEPT OF STATE
TALLAHASSEE, FL

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