

L13000051770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

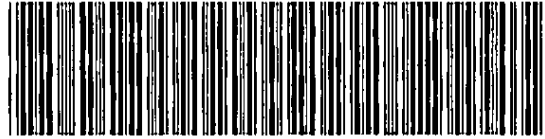
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**BOLDEN & BONFIGLIO, LLC**  
**ATTORNEYS AT LAW**

10 Federal Street, Suite 1-3, Salem, MA 01970  
Tel. (978) 744-2162 Fax (978) 744-6705  
[www.bblawma.com](http://www.bblawma.com)

Joseph P. Bonfiglio

Of Counsel Wendy R. Olinsky\*\*  
\*\* (Also admitted in NH)

December 18, 2017

Transportation Holdings of Brevard, LLC  
Agent: Stephen Spira  
5205 Babcock Street NE  
Palm Bay, FL 32905

RE: Arbella Mutual Insurance Co.  
(as subrogee of Melissa Elfbaum)  
VS: Transportation Holdings of Brevard LLC, Henry Buggs  
FILE NO: 033674003  
DOI: January 18, 2016  
LOCATION: Plymouth Ave and Pleasant Street in Fall River, MA

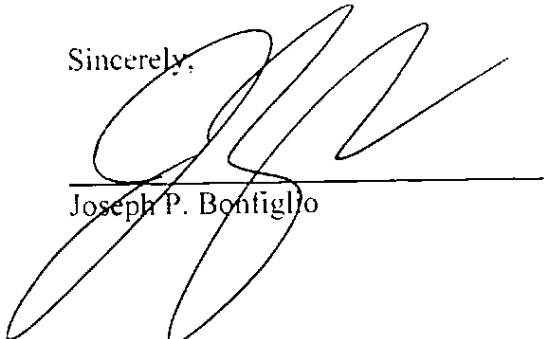
Dear Mr. Spira:

Please be advised that this office represents the Arbella Mutual Insurance Co. regarding its subrogation claim arising from an automobile accident that occurred on the above captioned date of loss. The Arbella Mutual Insurance Co. has made payments to or on behalf of its insured, Melissa Elfbaum, in the amount of \$5,245.56 for damages and \$690.00 for substitute transportation resulting from this accident, totaling \$5,935.56. The Plaintiff is now subrogated to the rights and causes of action of its insured to the extent of said payments.

We have not been able to identify an insurance company that would provide you with insurance coverage for this loss. If you were insured for this accident you are requested to notify your insurance company of this claim, and ask a claims representative to contact this office. If you were not insured for this liability you are requested to contact this office to discuss settlement of this claim.

Thank you for your attention to this matter.

Sincerely,



Joseph P. Bonfiglio

JPB/ltr

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Transportation Holdings of Brevard, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 033674003

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:

Justin Ashness and David Armenakian

Name of Person

Transportation Holdings of Brevard, LLC

Name of Firm/Company

285 Azalea Terrace

Address

Indian Harbour Beach, FL 32937

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (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,

Stephen E. Spira, Esquire

, hereby resigns as

Name of Registered Agent

Registered Agent for Transportation Holdings of Brevard, LLC

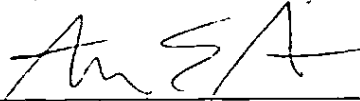
Name of Limited Liability Company

033674003

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

2018 APR 30 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

### FILING FEES:

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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