L1300067262

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
· (Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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6664	360			

Office Use Only



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06/26/15--01003--007 **60.00

06/15/15--01037--019 **25.00



JUN 2 6 2015

s. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 JUN 25 PM 3: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 17, 2015

YOUSEF M ABU-FREIJEH 4701 E HILLSBOROUGH AVENUE TAMPA, FL 33610

SUBJECT: LUXURY FLEET LEASING LLC

Ref. Number: L13000067262

We have received your document for LUXURY FLEET LEASING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee for filing a registered agent's statement of resignation from an active limited liability company is \$85. Therefore, there is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 415A00012765

TIN S WIE

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: LUXURY FLEET LEASING LLC		
Name of Limited	Liability Company	
DOCUMENT NUMBER: L13000067262		
The enclosed Resignation of Registered Agent for a for filing.	a Limited Liability Company and fee are submitted	
Please return all correspondence concerning this ma	atter to the following:	
ABU-FREIJEH, YOUSEF M		
Name of Person		
LUXURY FLEET LEASING LLC		
Name of Firm/Company		
4701 E HILLSBOROUGH AVE		
Address		
TAMPA, FL 33610	TABLE D TO STATE	
City/State and Zip Code		
1	କୁ କ	
YOUSEF 129() MSn. COM Femail address: (to be used for future unnual report not)	fication) 复动 5	
For further information concerning this matter, plea	Heatenly	
ABU-FREIJEH, YOUSEF M 8	rea Code Daytime Telephone Number	
Name of Person A	rea Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida St	atutes, the undersigned,		
MATAR, ABDALLA M		, hereby res	, hereby resigns as	
Na	ame of Registered Agent	,		
Registered Agent for LUX	URY FLEET LEASING L	.LC		
·			,	
	Name of Limited Liability (Company		
L13000067262				
Document Numb	er, 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 a	nd the office discontinued on t	he 31st day after the date or	n which this statement is filed.	
_	Signature of	Resigning Agent	- SECRE	
If signing on behalf of an e	ntity:		JUN 15 RETARY O ATTASSEE	
_	Typed or Printed	d Name		
_	Capacity		LORIDA LORIDA	

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