

9/24/21, 10:15 AM

L13000146836

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RICHARDS & PARTNERS, P.A.
Account Number : I20110000091
Phone : (305)858-9900
Fax Number : (305)285-0015

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

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
AUTOPARTS WHOLESALE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SEP 27 2021

A. LUNT

2021 SEP 24 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTOPARTS WHOLESALE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000146836

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:

DARLIN ESPINOSA
Name of Person

RICHARDS & PARTNERS, PA
Name of Firm/Company

2665 S BAYSHORE DRIVE STE 703
Address

MIAMI, FL 33133
City/State and Zip Code

EDIAZ@RICHARDS-LAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARLIN ESPINOSA at (305) 858-9900
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ELENA DIAZ & ASSOCIATES, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for AUTOPARTS WHOLESALE LLC

Name of Limited Liability Company

L13000146836

Document Number, if known

FILED
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DIVISION OF CORPORATIONS
2021 SEP 24 1 AM 10:17

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:

ELENA DIAZ

Typed or Printed Name

DIRECTOR

Capacity

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