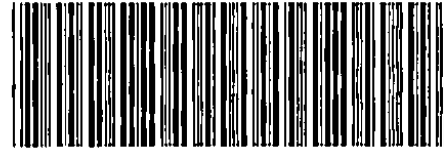


414 000055508



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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OCT 28 2018  
T. LEMIEUX

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** iDrive Auto Group LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000053508

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.

Please return all correspondence concerning this matter to the following:

Registered Agent Department  
Name of Person

Business Filings Incorporated  
Name of Firm/Company

8020 Excelsior Drive Suite 200  
Address

Madison, WI 53717  
City/State and Zip Code

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

For further information concerning this matter, please call:

Brenna Lutter at ( 608 ) 827-7622  
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for \$85.00 for an active liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn liability company.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 A FOR A LIMITED LIABILITY COMPANY

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

Business Filings Incorporated, hereby resigns as  
Name of Registered Agent

Registered Agent for iDrive Auto Group LLC  
Name of Limited Liability Company

L14000053508  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known :  
The agency is terminated and the office discontinued on the 31st day after the date on which this stat

Brenna Lutter  
Signature of Resigning Agent

If signing on behalf of an entity:

Brenna Lutter  
Typed or Printed Name  
Asst Secretary for Business Filings Incorporated  
Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

2019 OCT -9 3 34 PM  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314