

L14000055072

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(Address)

(Address)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE  
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RALRES  
@ 7/24/14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** David's Auto And Small Engine Repair, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** W14000055072

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:

David Arthur Ford  
Name of Person

David's Auto And Small Engine Repair, LLC  
Name of Firm/Company

2018 NE 19 DR  
Address

Gainesville, FL 32609  
City/State and Zip Code

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

For further information concerning this matter, please call:

David Arthur Ford at (352) 225-7052  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Frances A. McNeil (McNeill), hereby resigns as  
Name of Registered Agent

Registered Agent for David's Auto And Small Engine Repair, LLC  
Name of Limited Liability Company

L14000055072  
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.

Frances A. McNeill  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL - 7 AM '08