

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000275576 3)))



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Division of Corporations

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: (850)617-6383

From:

Account Name : BRENNAN, MANNA AND DIAMOND, P.L.

Account Number : 120050000098

Phone

: (239)992-6578

Fax Number

: (239)992-9328

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## LLC REGISTERED AGENT CHANGE SOUTHWEST FLORIDA AUTO HOLDINGS, LLC

Certificate of Status	0
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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	ECT: SOUTHWEST FLORIDA AUTO HOLDINGS, LLC
	Name of Limited Liability Company
DOC	UMENT NUMBER: L14000078855
The er	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Please	return all correspondence concerning this matter to the following:
Donn	a M. Flammang, Esq.
	Name of Person
Bren	nan, Manna & Diamond, P.L.
	Name of Firm/Company
2720	0 Riverview Center Bivd., Suite 310
	Address
Bonit	a Springs, FL 34134
	City/State and Zip Code
ccfas	tcars@gmail.com; beconnolly25@gmail.com
Ē	-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
<u>Chr</u>	istapher Connolly at ( ) unknown Name of Person ) at ( ) Daytime Telephone Number
liabili	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited ty company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited ty company.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

INHS17 (2/14)

(H160002755763)

(H160002755763)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Fl	orida Statutes, the undersigned,
Donna M. Fiammang	, hereby resigns as
Name of Registered Agent	, , , , , , , , , , , , , , , , , , , ,
Registered Agent for Southwest Florida Auto	o Holdings, LLC
Name of Limited	Liability Company
L14000078855	****
Document Number, if known	
A copy of this resignation was mailed to the abov	e listed limited liability company at its last known address
The agency is terminated and the office discontin	ued on the 31st day after the date on which this statement is filed
Sig	mature of Resigning Agent
If signing on behalf of an entity:	10 Kg
Туред	or Printed Name
	Capacity

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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

INHS17 (2/14)

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