

L14000103510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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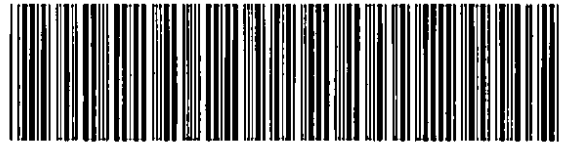
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 22 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vero Beach Auto Dealership, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000103510

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:

Robert C. Spickard

Name of Person

Kurkin Forehand Brandes LLP f/k/a Kurkin Brandes LL

Name of Firm/Company

315 S. Calhoun Street, Suite 850

Address

Tallahassee, FL 32301

City/State and Zip Code

cspickard@kfb-law.com

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

For further information concerning this matter, please call:

Robert C. Spickard

850 391-7704
at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Kurkin Brandes LLP

, hereby resigns as

Name of Registered Agent

Registered Agent for Vero Beach Auto Dealership, LLC

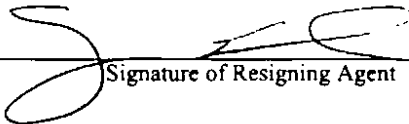
Name of Limited Liability Company

L14000103510

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Robert C. Spickard

Typed or Printed Name

Partner

Capacity

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19 JUN 10 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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