

L14000153836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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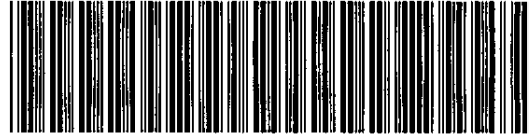
(Business Entity Name)

(Document Number)

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15 APR 24 PM 3:01

C.L.  
4-30-15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPEEDWAY PLUS 2 CAR CARE CENTER  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L 14000153836

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:

OMAR WASEF ABU-ZAHRA

Name of Person

SPEEDWAY PLUS 2 CAR CARE CENTER

Name of Firm/Company

3511 E. HILLSBOROUGH

Address

TAMPA FL 33610

City/State and Zip Code

omarwas@yahoo.com

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

For further information concerning this matter, please call:

Omar Abu-Zahra at ( 914 ) 424 5047  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Omar Abu-Zahra

Name of Registered Agent

, hereby resigns as

Registered Agent for

SPEEDWAY PLUS 2 CAR CARE CENTER

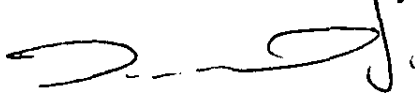
Name of Limited Liability Company

L 14000153836

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:

Typed or Printed Name

Capacity

15 APR 24 PM 3:01  
SECTION 605.0115  
DIVISION OF CORPORATIONS

**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