L1500000f228

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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JUL 1 2 2017

COVER LETTER

TO: **Registration Section Division** of Corporations

CODRIVE AUTO SALES LLC Name of Limited Liability Company SUBJECT: DOCUMENT NUMBER: __ L 1500000 8228

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:

JESUS R. SANTOS ECODRIVE AUTO SALES LLC Name of Firm/Company 3160 SW 8 ST MIGMI FL. 33135 City/State and Zin Code

JRSS 3199 @ 54412 ON. E-mail address: (to be used for future annual report potification)

For further information concerning this matter, please call:

JESUS R. SANTOS. at (305) 305 - 0037. Area Code Davime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

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JESUS R.	SAN105.	hereby re	esigns as
Nan	ie of Registered Agent	······································	
Registered Agent for	ECODRIVE	AUTU SMES	12C
	Name of Limited Liability	y Company	v
L 150000	08228		
Document Number	, if known		
A copy of this resignation w	as mailed to the above lister	d limited liability company a	at its last known address.
The agency is terminated an	d the office discontinued on	the 31st day piter the date of	on which this statement is filed
	15		
	<u>_</u>		2
	Signature	of Resigning Agent	
If signing on behalf of an en	tity:		
	ECODAIVE AUT	DSMESLE	
	Typed or Prin	ted Name	
	UNG.		•
	Capaeny		7:16
	FILING FEES:		

\$ 85.00 \$ 25.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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