

**L15 000 133481**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

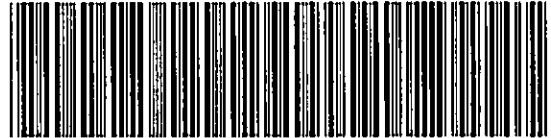
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRI STAR CLASSICS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000133481

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:

Barry E. Hughes

Name of Person

Barry E. Hughes, P.A.

Name of Firm/Company

900 Big Tree Rd.

Address

South Daytona, FL, 32119

City/State and Zip Code

*gary.hankster@gmail.com*

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

For further information concerning this matter, please call:

Barry E. Hughes

Name of Person

at ( 386 ) 788-9667

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

KEVIN SERGENT

, hereby resigns as

Name of Registered Agent

Registered Agent for TRI STAR CLASSICS, LLC

Name of Limited Liability Company

L15000133481

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:

Kevin Sergent

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

2020 JUL 11 AM 7:10

FILED