

L15000159671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2016 SEP 26 AM 11:42
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2016 SEP 26 PM 2:34
TALLAHASSEE, FLORIDA

FILED

K. SALY

SEP 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VEHICLES FOR LESS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000159671

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:

BIANCA INOA

Name of Person

BIANCA INOA / VEHICLES FOR LESS LLC

Name of Firm/Company

820 S JEFFERSON ST APT 11

Address

ALLENTOWN PA 18103

City/State and Zip Code

biancainoa@gmail.com

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

For further information concerning this matter, please call:

BIANCA INOA

Name of Person

at (**809**) **7630558**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

BIANCA INOA

Name of Registered Agent

, hereby resigns as

Registered Agent for

VEHICLES FOR LESS LLC

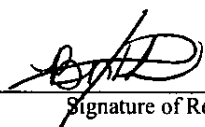
Name of Limited Liability Company

L15000159671

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA