

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : 12009000032
Phone : (561)792-2236
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2020 MAY 19 PM 12:19

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**LLC REGISTERED AGENT RESIGNATION
PRO-TOUCH AUTO BODY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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MAY 20 2020

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SUPERBIZ REGISTERED AGENT, INC.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for PRO-TOUCH AUTO BODY LLC

Name of Limited Liability Company

L15000164312

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:

TINA MAKI

Typed or Printed Name

DP

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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