L150001944da

(Re	equestor's Name)					
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UNN OS 2013

COVER LETTER

SUBJECT: Royal Palm Auto Name of Limited	Grand 110		
Name of Limited	Liability Company		
DOCUMENT NUMBER: L150001	94466		
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted		
Please return all correspondence concerning this ma	atter to the following:		
Rackel Ferro Almeida Name of Person			
Name of Firm/Company			
3601 N. Dixie Hwy, Ba	y 12		
Boca Raton FL 3342 City/State and Zip Code	, 2		
E-mail address: (to be used for future annual report notif	ication)		
For further information concerning this matter, plea	se call:		
Rackel Ferro Almeida at (Name of Person An	rea Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	partment of State for \$85.00 for an active maited dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	STREET ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115,	Florida Statutes,	, the undersigned,			
Fernando M. Giachino Name of Registered Agent		0	, hereby resigns as			
Registered Agent for	Royal Paln	1 Auto (Group, Ll	<u> </u>		
	Name of Limite	ed Liability Compar	ny			
A copy of this resignation	mber, if known on was mailed to the ab					
The agency is terminated	d and the office discon	tinued on the 31s	it day after the date o	on which this	statement is filed.	
	7-6	Signature of Resign	ing Agent			
If signing on behalf of a	n entity:					
	Тур	ped or Printed Name		SEURENARY		
	to the second se	Capacity	·	ASSER		
· .	FILING F \$ 85.00 \$ 25.00	Active limited l Administrativel	liability company ly dissolved/ volunta ited liability compar	orily dissolv		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314