

**LI000002727**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
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**16 OCT 21 PM 4:35**

**DIVISION OF CORPORATIONS**

**O SIMMONS  
OCT 25 2016**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TJ Auto Broker LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L160000002727

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:

E/Sevir Nevarcz  
Name of Person

TJ Auto broker LLC  
Name of Firm/Company

9661 Boyce Ave Suite 300  
Address

Orlando FL 32824  
City/State and Zip Code

TJautobroker@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

E/Sevir Nevarcz at ( 407 ) 925-1164  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Rami FAKHOURY, hereby resigns as  
Name of Registered Agent

Registered Agent for TJ AUTO BROKER LLC

\_\_\_\_\_  
Name of Limited Liability Company

L16000002727  
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.

Rami Fakhoury  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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DIVISION OF CORPORATIONS

## **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**