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* TO: Registration Section
Division of Corporations

SUBJECT: ONLY ONE COLLISION, LLC

DOCUMENT NUMBER: L16000039536

The enclosed Resignation of Registered Agent and member for a Limited Liability Company and fees are submitted for filing.

Please return all correspondence concerning this matter to the following

Neville George Grant 7358 NW 48th Place Lauderhill, FL 33319

E-mail address: ngrant1949@gmail.com

For further information concerning this matter, please call:

Neville George Grant at: (954) 294-4589

Enclosed is a check made payable to the Florida Department of State for \$110.00.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, Pp. 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, NEVILLE GEORGE GRANT, hereby resigns as Registered Agent for ONLY ONE COLLISION, LLC.

Document Number: L16000039536

A copy of this resignation was mailed to the above-named limited fiability company at its last known address.

The agency is terminated and the office discontinued on the earlier of a) the 31st day after the date on which this statement is filed; or b) when a statement of change or other record designating a new registered agent is filed.

NEVILLE GEORGE GRANT

Date: July 23rd, 2019

SECRETARY OF STATE