

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E.W. Performance Shop LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000044925

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:

Alberto Salva

Name of Person

A. S. & Company

Name of Firm/Company

PO Box 192136

Address

San Juan, Puerto Rico 00919-2136

City/State and Zip Code

ascompanypsc@gmail.com

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

For further information concerning this matter, please call:

Jose Marrero Martell

Name of Person

305

Area Code

725-2886

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Annie M Martell Vargas

, hereby resigns as

Name of Registered Agent

Registered Agent for

E. W. Performance Shop LLC

Name of Limited Liability Company

L16000044925

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.

Annie Martell

Signature of Resigning Agent

If signing on behalf of an entity:

Jose Marrero Martell

Typed or Printed Name

Managing Member

Capacity

2018 AUG 17 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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withdrawn limited liability company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