

L16000082643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900291452099

10/21/16--01006--017 \*\*25.00

FILED  
16 OCT 21 PM 12:11  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

OCT 24 2016

Y SUIKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASAP Auto Hauling, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L16 0000 82643

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:

George Argyropoulos  
Name of Person

ASAP Auto Hauling, LLC  
Name of Firm/Company

1300 NE Miami Gardens Dr. Ste. 264  
Address

North Miami, FL, 33179  
City/State and Zip Code

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

For further information concerning this matter, please call:

George Argyropoulos at ( 786 ) 587-6275  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

George Argyropoulos, hereby resigns as  
Name of Registered Agent

Registered Agent for ASAP Auto Hauling, LLC / president  
ASAP Auto Hauling, LLC  
Name of Limited Liability Company

LI 6000082643  
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.

G. Argyropoulos  
Signature of Resigning Agent

If signing on behalf of an entity:

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

\_\_\_\_\_  
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

FILED  
OCT 21 PM 12:44  
TALLAHASSEE, FLORIDA  
CLERK OF STATE