## L16000095519

(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:		
<u> </u>		

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Abeam Auto Transport L	LC	
	ne of Limited Liabili	ty Company
DOCUMENT NUMBER: L16000095		
The enclosed Resignation of Registered for filing.	Agent for a Limite	ed Liability Company and fee are submitted
Please return all correspondence concer-	ning this matter to	the following:
Chelsea Haire		
Name of Person		_
Legalinc Corporate Servi	ces, Inc.	
Name of Firm/Compan	ly	_
10601 Clarence Drive, Sui	te 250	
Address		
Frisco, TX 75033		
City/State and Zip Cod	e	_
treesandthingsllc@gmail.com		
E-mail address: (to be used for future annu-	ial report notification)	<del></del>
For further information concerning this	matter, please call:	
Chelsea Haire	844	386-0178  Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	· Florida Departme nistratively dissolv	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limite
MAILING ADDRESS:	STRF	ET ADDRESS:
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unc	dersigned.
Legalinc Corporate Services, Inc.		_ , hereby resigns as
	Name of Registered Agent	
Registered Agent for A	beam Auto Transport LLC	
	Name of Limited Liability Company	·
L16000095519		
Document Nu	unber, if known	
	on was mailed to the above listed limited liabilit	三
The agency is terminate	d and the office discontinued on the 31st day af  White the state of t	22 10
If signing on behalf of a	n entity:	20 EA
	Chelsea Haire	
	Typed or Printed Name	
	on Behalf of Legalinc Corporate Servi	ces, Inc.
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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