

L17000151045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

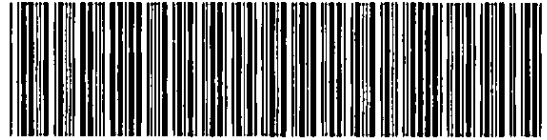
(Business Entity Name)

(Document Number)

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2022 AUG - 1 PM 2: 54  
SECRETARY OF STATE  
TALLAHASSEE, FL



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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

REGISTERZENTRALE LLC \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for CARSMITH ECHO LLC \_\_\_\_\_

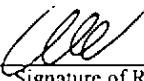
Name of Limited Liability Company

L17000151045 \_\_\_\_\_

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.



Signature of Resigning Agent

If signing on behalf of an entity:

CHRISTOPHER J. KLEIN \_\_\_\_\_

Typed or Printed Name

MANAGER \_\_\_\_\_

Capacity

STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FL

2007 AUG - 1 PM 2:54

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### **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withdrawn limited liability company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**