

**UN0017989**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210001912163)))



H210001912163ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : EXPAT CONSULTING CORP.  
Account Number : I20190000096  
Phone : (407)745-1112  
Fax Number : (407)641-8083

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ACC@EXPATCONSULTING.COM

REGISTERED AGENT RESIGNATION  
FACILITY RENT A CAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

RECEIVED

2021 MAY 12 PM 3:24

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

21 MAY 12 AM 9:10

FILED

11/21

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FACILITY RENT A CAR LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000179989

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:

NILTON FREGNI

Name of Person

EXPAT CONSULTING CORP

Name of Firm/Company

8615 COMMODITY CIR, STE 11

Address

ORLANDO - FL - 32.819

City/State and Zip Code

ACC@EXPATCONSULTING.COM

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

For further information concerning this matter, please call:

NILTON FREGNI

Name of Person

at ( 407 ) 745.1112

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

EXPAT CONSULTING CORP

, hereby resigns as

Name of Registered Agent

Registered Agent for FACILITY RENT A CAR LLC

Name of Limited Liability Company

L17000179989

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:

NILTON FREGNI

Typed or Printed Name

OFFICER

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  
21 MAY 12 AM 9:10  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE