

L17000186214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

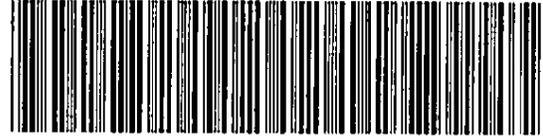
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000339232360

01/31/20--01005--005 \*\*85.00

2020 FEB 21 PM 1:14

R. WHITE  
FEB 13 2020

**Edward W. Becht, P.A.**

ATTORNEY AT LAW  
321 South Second Street  
Fort Pierce, Florida 34950  
Telephone: 772-465-5500  
Fax: 772-465-8909  
edbecht@bechtlaw.com

January 15, 2020

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RE: World Class Collision, LLC**  
**Document No.: L17000186214**

Dear Sir or Madam:

Enclosed please find the following documents in regard to the above-captioned matter:

1. Statement of Resignation of Registered Agent for Limited Liability Company; and
2. This firm's check in the amount of \$25.00 made payable to the Florida Department of State for the cost of filing same.

Thank you in advance for your prompt and courteous attention to this matter. Should you require anything further, please do not hesitate to contact me.

Very truly yours,



Edward W. Becht

EWB/clc  
Enclosures

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

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

Edward W. Becht \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for World Class Collision, LLC

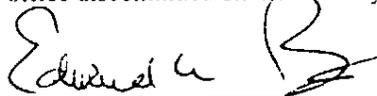
Name of Limited Liability Company

L17000186214

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:

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

2020 JUN 21 PM 1:44