

# L17000 198 689

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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ST. CLAY COUNTY CLERK  
TALLAHASSEE, FLORIDA

SEP 21 2019

T. SCHROEDER

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHOENIX AUTOWORK LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000198689

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:

RAFAEL MENDIBLE

\_\_\_\_\_  
Name of Person

BRINGABOUT, INC

\_\_\_\_\_  
Name of Firm/Company

6205 BLUE LAGOON DR SUITE 130

\_\_\_\_\_  
Address

MIAMI FL 33126

\_\_\_\_\_  
City/State and Zip Code

INFO@BRINGABOUT.US

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

For further information concerning this matter, please call:

RAFAEL MENDIBLE

\_\_\_\_\_  
Name of Person

at ( 305 ) 655 1589

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

BRINGABOUT INC

, hereby resigns as

Name of Registered Agent

Registered Agent for PHOENIX AUTOWORK LLC

Name of Limited Liability Company

L17000198689

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.

R/K/W.

Signature of Resigning Agent

If signing on behalf of an entity:

RAFAEL MENDIBLE

Typed or Printed Name

PRESIDENT

Capacity

STATE DEPT. OF STATE  
TALLAHASSEE, FLORIDA

19 SEP 12 AM 11:06

FILED

## **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