

L17000254 153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

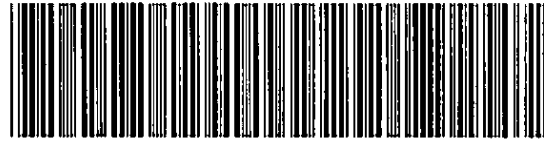
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG

DEPARTMENT OF STATE
CLERK OF COURTS
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TALLAHASSEE, FLORIDA

2020 MAR -9 AM 7:15

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REMYFORD AUTO SALES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000254153

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:

JEREMY NEEL

Name of Person

LEENDORF MAJOR HOLDING COMPANY, LLC

Name of Firm/Company

7940 FRONT BEACH ROAD PMB 185

Address

PANAMA CITY BEACH, FL 32407

City/State and Zip Code

jsneel@apexisthere.com

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

For further information concerning this matter, please call:

JEREMY NEEL

Name of Person

at (877)

Area Code

307-3088

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

HAND ARENDALL HARRISON SALE LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for **REMYFORD AUTO SALES, LLC**

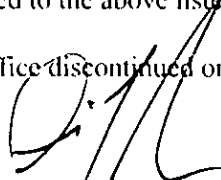
Name of Limited Liability Company

L17000254153

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:

DION J. MONIZ

Typed or Printed Name

PARTNER, HAND ARENDALL HARRISON SALE, LLC

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

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2020 MAR -9 AM 7:15
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314