## 4800019148

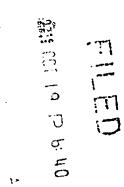
(Re	equestor's Name)	
(Ac	ddress)	· · ·
	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Opecial instituctions to	imig Onicer.	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations			
Your Dealer Services, LLC SUBJECT:			
Name of Limited	l Liability	Company	
DOCUMENT NUMBER: L18000029248			
The enclosed Resignation of Registered Agent for for filing.	a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this m	atter to th	ne following:	
United States Corporation Agents, Inc.			
Name of Person		ಸ್ತಾ	
Legalzoom.com, Inc.			
Name of Firm/Company			
9900 Spectrum Dr.			
Address			
Austin, TX 78717		y. 40	
City/State and Zip Code		··	
E-mail address: (to be used for future annual report noti	fication)		
For further information concerning this matter, plea	ase call:		
Janna Pantoja	800	773-0888 x3950	
Name of Person A	rea Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively liability company.	epartment dissolver	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREE	ET ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327		Building	
Taflahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

INHS17 (2/14)

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

Pursuant to the provisio	ons of section 605 0115. Florida Statutes, the unde	ersigned,	
United States Corp	oration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	. hereby resigns as	
Registered Agent for Y	our Dealer Services, LLC		
	Name of Limited Liability Company		
L18000029248		ج- ذ	
Document Number, if known		· ,	T]
A copy of this resignation	on was mailed to the above listed limited liability	· · · · · · · · · · · · · · · · · · ·	10142 10142
The agency is terminate	d and the office discontinued on the 31st day after	r the date on which this statement is	fi <u>l</u> ed.
	Signature of Resigning Agent	——— » 0. #0	الريا
If signing on behalf of a	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ag	ents, Inc.	
	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, F1, 32314