## L18000030325

| (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



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## **COVER LETTER**

| SUBJECT: BDM MOBILE DETAILING, LLC  | ed Liability                                  | Company   |  |
|---|---|---|--|
| DOCUMENT NUMBER: L18000030325   |   |   |  |
| The enclosed Resignation of Registered Agent for filing.  | or a Limited                                  | Liability Company and fee are submitted   |  |
| Please return all correspondence concerning this  | matter to th                                  | e following:  |  |
| United States Corporation Agents, Inc.  |   |   |  |
| Name of Person  |   |   |  |
| Legalzoom.com, Inc.   |   |   |  |
| Name of Firm/Company  |   |   |  |
| 9900 Spectrum Dr.   |   |   |  |
| Address   |   |   |  |
| Austin, TX 78717  |   |   |  |
| City/State and Zip Code   | <del>,</del>                                  |   |  |
|   | <del></del>                                   |   |  |
| E-mail address: (to be used for future annual report n  |   |   |  |
| For further information concerning this matter, p   | dease call:                                   |   |  |
| Kasandra Lund Name of Person  | 1 800   | 773-0888 x3951  |  |
| Name of Person  | Area Code                                     | Daytime Telephone Number  |  |
| Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company. | Departmently dissolve                         | t of State for \$85.00 for an active limited<br>d. voluntarily dissolved or withdrawn limited |  |
| MAILING ADDRESS:  |   | STREET ADDRESS:   |  |
| Registration Section  | Registration Section Division of Corporations |   |  |
| Division of Corporations P.O. Box 6327  | Clifton Building                              |   |  |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

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

| Pursuant to the provision              | ons of section 605.0115. Florida Statutes, the unders   | igned.   |
|--|---|--|
| United States Corporation Agents, Inc. |   | hereby resigns as  |
|  | Name of Registered Agent                                |  |
| Registered Agent for E                 | DM MOBILE DETAILING, LLC                                |  |
|  | Name of Limited Liability Company                       | ,  |
| L18000030325                           |   |  |
| Document N                             | lumber, if known  |  |
| A copy of this resignati               | ion was mailed to the above listed limited liability co | ompany at its last known address.  |
| The agency is terminate                | ed and the office discontinued on the 31st day after    | the date on which this statement is filed.   |
|  | Senature of Resigning Agent                             | 2019 APR 22  |
| If signing on behalf of                | an entity:  | 9 APR 22   |
|  | Cheyenne Moseley  | a diameter and a diam |
|  | Typed or Printed Name                                   | Sign P   |
|  | Asst. Secretary for United States Corporation Age       | nts, 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, FL 32314