

L18 000039826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CSG Auto Parts, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000039826

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:

GONZALEZ DEPALOMARES, ROSA

Name of Person

Name of Firm/Company

4306 FL-574

Address

Plant City, FL 33563

City/State and Zip Code

mail@plantcitylaw.com

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

For further information concerning this matter, please call:

Ron Tulin

813

717-9400

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SANCHEZ, FATIMA R

, hereby resigns as

Name of Registered Agent

Registered Agent for CSG Auto Parts, LLC

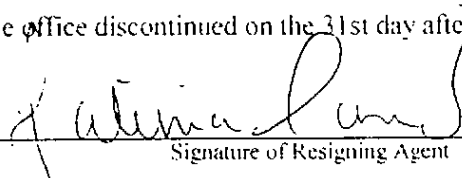
Name of Limited Liability Company

L18000039826

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:

FATIMA R. SANCHEZ

Typed or Printed Name

Registered Agent

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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