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(C	city/State/Zip/Phone #))
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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

3EP - 9 \$13

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: FREEDOM ROCK CHIP REPAIRS, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L18000072856
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
raresignations@legalzoom.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kasandra Lund at (1 800) 773-0888 x3951
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115, Florida Statutes, the undersig	ned,
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for_	FREEDOM ROCK CHIP REPAIRS. LLC	
 ,	Name of Limited Liability Company	·
L18000072856		
Document N	umber, if known	
	ion was mailed to the above listed limited liability cond and the office discontinued on the 31st day after the da	
The agency is terminate	Signature of Resigning Agent	19 Mul
If signing on behalf of an entity:		E S
Cheyenne Moseley		왕원 & 구
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agents,	*** (A)
	Capacity	- 25

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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