118000111569

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(0.0).0.000.2,p.v. v			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Consideration to Ellino Office			
Special Instructions to Filing Officer:			

Office Use Only



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Ra Resignation

COVER LETTER

TO: Registration Section Division of Corporations			
I Pro Auto II C			
SUBJECT:	· · · · · · · · · · · · · · · · · · ·		_
Name of Lim	ited Liability	Company	
DOCUMENT NUMBER: L18000111569			_
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee ar	e 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			
101 North Brand Blvd. 11th Floor			
Address			
Glendale, CA 91203			
City/State and Zip Code			-
raresignations@legalzoom.com			20 JU
E-mail address: (to be used for future annual report n	notification)		
For further information concerning this matter, p	lease call:		19 PM
Janna Pantoja at (800 ()	773-0888 x3950	# A
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes.	the undersigned,
United States Corporation Agents, Inc.		, hereby resigns as
N	ame of Registered Agent	, Hereby realigns to
Registered Agent for J. P	ro Auto LLC	
	Name of Limited Liability Compan	y ·
L18000111569		
Document Numb	er. if known	
		I liability company at its last known address.
The agency is terminated a	Signature of Resigni	t day after the date on which this statement is filed.
lf signing on behalf of an e	ntity:	9 17
C	Cheyenne Moseley	골 · · ·
_	Typed or Printed Name	
Д	sst. Secretary for United States Corpo	pration Agents, Inc.

Capacity

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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