# L18000170093

(Requestor's Name)			
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(City/State/Zip/Phone #)	09/07/21010		
(Business Entity Name)			
(Document Number)  Certified Copies Certificates of Status			
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### **COVER LETTER**

ro:	Registration Section Division of Corporations	
SUBJ	JECT:Name of Limited Liability Company	
DOC	CUMENT NUMBER: L18000170093	
The e for fil	enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ling.	d
Please	e return all correspondence concerning this matter to the following:	
Unite	ed States Corporation Agents, Inc.	
	Name of Person	
Lega	alzoom.com, Inc.	
	Name of Firm/Company	
9900	) Spectrum Dr.	
	Address	
Aust	tin, TX 78717	
	City/State and Zip Code	
rares	signations@legalzoom.com	
I	E-mail address: (to be used for future annual report notification)	
For fi	urther information concerning this matter, please call:	
	Name of Person at (800 ) 773-0888  Area Code Daytime Telephone Number	
	Name of reison Area Code Daytime receptione 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the und	lersigned,	2	
United States Corporation Agents, Inc.		_ , hereby resigns as	2021 SEP -	
	Name of Registered Agent	_ thereby resigns as	SEP	
Registered Agent for SunCoast Cars LLC			<u>.</u>	
			PH	
	Name of Limited Liability Company	,	PH 3: 32	تخصيب
L18000170093			32	
Document N	umber, if known			
A copy of this resignati	on was mailed to the above listed limited liability	y company at its last kno	own address.	
The agency is terminate	ed and the office discontinued on the 31st day aft	ter the date on which this	s statement is fi	led.
	au			
	Signature of Resigning Agent			
If signing on behalf of a	an entity:			
	Cheyenne Moseley			
	Typed or Printed Name	····		
	Asst. Secretary for United States Corporation A	kgents, 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