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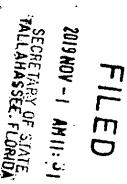
(Requestor's Name)		
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(Business Entity Name)		
(Document Number)		
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COVER LETTER

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SUBJECT: USA Auto Group LLC		
Nar	ne of Limited Liability	Company
DOCUMENT NUMBER: L1800026	1/20/	
The enclosed Resignation of Registered for filing.	d Agent for a Limited	Liability Company and fee are submitte
Please return all correspondence conce	rning this matter to th	ne following:
United States Corporation Agents,	Inc.	
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Compa	iny	
101 North Brand Blvd. 11th Floor		
Address		
Glendale, CA 91203		
City/State and Zip Co	de	
raresignations@legalzoom.com		
E-mail address: (to be used for future and	nual report notification)	
For further information concerning this	matter, please call:	
Kasandra Lund	1 800	773-0888 x3951 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115. Florida Statutes, the unc	lersigned.
United States Corp	oration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	ISA Auto Group LLC	
	Name of Limited Liability Company	
L18000267287		
Document N	umber, il known	
A copy of this resignati	on was mailed to the above listed limited liabilit	y company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day af	2019 N SECR FALLA
It signing on behalf of a	an entity:	
Cheyenne Moseley		Agents, Inc.
	Typed or Printed Name	
	Asst. Secretary for United States Corporation A	Agents, Inc. $Ω$ $ω$
	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