

L19000 046 680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

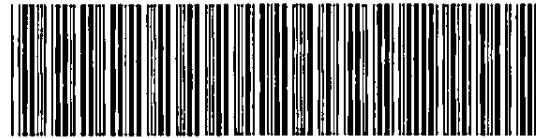
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG
Filing Officer

SEP 11 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL RIDE RENTAL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000046680

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:

YEFRI FONDEUR

Name of Person

ALL RIDE RENTAL LLC

Name of Firm/Company

5840 DEWEY ST

Address

HOLLYWOOD, FL 33023

City/State and Zip Code

GDMULTISERVICIOSINC@GMAIL.COM

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

For further information concerning this matter, please call:

YEFRI FONDEUR

Name of Person

at (954) 5488862

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned.

YEFRI FONDEUR

Name of Registered Agent

, hereby resigns as

Registered Agent for ALL RIDE RENTAL LLC

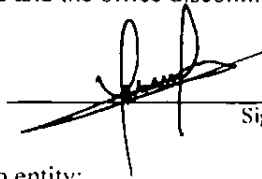
Name of Limited Liability Company

L19000046680

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:

YEFRI FONDEUR

Typed or Printed Name

AMBR

Capacity

FILED
19 AUG 30 AM 11:17
TALLAHASSEE, FL 32314

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