

L19 000 071 128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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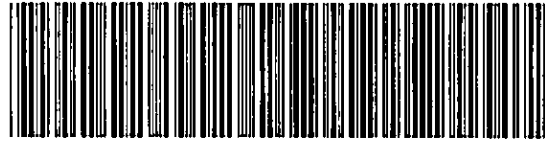
(Business Entity Name)

(Document Number)

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2022 SEP 22 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FL

g 12/20/2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ultimate Auto Mobile Detailing SpA, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Karen Meier  
(Contact Person)

Ultimate Auto Mobile Detailing SpA LLC  
(Firm/Company)

9012 Gibraltar St  
(Address)

Spring Hill, FL 34608  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Meier at <sup>813</sup>~~(813)~~ 408-1888  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE  
TALLAHASSEE, FL

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Karen Meier, hereby resigns as  
Name of Registered Agent

Registered Agent for Ultimate Auto & Mobile Detailing  
SPT LLC  
Name of Limited Liability Company

L19000071128  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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withdrawn limited liability company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