# L20000076540

(Requestor's Name)			
	•		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates o	of Status	
Special Instructions to Filing Officer:			
,			

Office Use Only



000361956670

03/46/21--01023--007 \*\*25.00

IR 16 Ali 7:40

O SIMMONS MAY 24 2021

### **COVER LETTER**

11

Division of Corporations	
SUBJECT: Brass City Motor Works L.L.C.	
Name of Limited Liabili	y Company
DOCUMENT NUMBER: L20000076590	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the 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	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
at (	773-0888
Name of Person Area Cod	)eDaytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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 un	dersigned.	T 100
United States Corporation Agents, Inc.		The state of the s
Name of Registered Agent	_ , hereby resigns as	
Registered Agent for Brass City Motor Works L.L.C.		15
Name of Limited Liability Company		· co
L20000076590		<b>4</b>
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability		
The agency is terminated and the office discontinued on the 31st day al		nis statement is filed.
If signing on behalf of an entity:		
Cheyenne Moseley		
Typed or Printed Name	<del></del>	
Asst. Secretary for United States Corporation /	Agents, Inc.	
Capacity		

FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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