# L20000132802

(Re	questor's Name)	<del></del> -
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## COVER LETTER

SUBJECT: Name of Limited Liab	lity Company
DOCUMENT NUMBER: L20000132802	<u> </u>
The enclosed Resignation of Registered Agent for a Limfor filing.	ited Liability Company and fee are submitted
Please return all correspondence concerning this matter t	o the following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	<del></del>
10601 Clarence Dr Ste 250	
Address	<del></del>
Frisco, TX 75033-3867	
City/State and Zip Code	<del></del>
ra@legalinc.com	
E-mail address: (to be used for future annual report notification	n)
For further information concerning this matter, please ca	1:
Chelsea Chapman 844 at (	386-0178
Name of Person Area Co	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

#### **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

Pursuant to the provisions of section 605.011	5. Florida Statutes, the undersigned,		
Legaline Corporate Services, INC.	, hereby resigns as		
Name of Registered Age	ent		
Registered Agent for S&W MOBILE CAR W	ASH LLC		
Name of Lin	nited Liability Company	·	
L20000132802			
Document Number, if known			
A copy of this resignation was mailed to the	above listed limited liability company at its last known	address.	
If signing on behalf of an entity:	Signature of Resigning Agent	ionon is in	Total.
•			
Chelsea Chapman			
	yped or Printed Name		
On Behalf of Legalin	c Corporate Services, INC.		
	Capacity		
FILING  S 85.00  C S 25.00	FEES:  Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	SECRETARY TALLAHASSE	9099 NUA 12

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314