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COVER LETTER

TO:	Registration Section Division of Corporations	ř.
SHRI	D&T MOBILE CAR WASH L.L.C. JECT:	
50130	Name of Limited Liability Co	mpany
DOC	CUMENT NUMBER:	
The effor fil	enclosed Resignation of Registered Agent for a Limited Li lling.	ability Company and fee are submitted
Please	se return all correspondence concerning this matter to the f	following:
Chelse	sea Chapman	
	Name of Person	
Legali	line Corporate Services, INC.	
	Name of Firm/Company	
10601	1 Clarence Dr Ste 250	
	Address	
Frisco.	o, TX 75033-3867	
	City/State and Zip Code	
ra@leg	galinc.com	
E	E-mail address: (to be used for future annual report notification)	
For fu	urther information concerning this matter, please call:	
Chelse	•	6-0178 avtime Telephone Number
	Name of Person Area Code Di	aytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Pursuant to the provisio	ns of section 605.0115. Flo	rida Statutes, the unde	rsigned,		
Legaline Corporate Services, INC.		_ , hereby resigns as			
	Name of Registered Agent		, , ,		
Registered Agent for $\frac{D}{a}$	&T MOBILE CAR WASH L	.1C.			
	Name of Limited Li	ability Company			.
1.20000242875					
Document No	ımber, if known				
A copy of this resignation	on was mailed to the above	listed limited liability	company at its last k	inown add	ress.
The agency is terminate	d and the office discontinue	ed on the 31st day afte	r the date on which t	his statem	ent is filed.
	Chulsea	ature of Resigning Agent	./\		
If signing on behalf of a	n entity:		· .	2022********** OF STATE	
	Chelsea Chapman		[•
	Typed or	r Printed Name			Maria Ar
	On Behalf of Legaline Corp	orate Services, INC.	ســـز رم	** 0	
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				E 25	
	O \$ 25.00 Act O \$ 25.00 Adi wit	<u>S:</u> ive limited liability ec ministratively dissolve hdrawn limited liabili	ompany ed/voluntarily disso ity company	lved/	

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