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COVER LETTER

SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L20000329301 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: MARIAH ESTERS-RIMMER Name of Person LEGALCORP SOLUTIONS, LLC Name of Firm/Company 3 Greenway Plaza Ste 1320 Address Houston, TX 77046 City/State and Zip Code jjtwinslto@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mariah Esters-Rimmer at (10:	Registration Section Division of Corporations	TR		
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Mariah Esters-Rimmer 888 534-3018	E	-mail address: (to be used for future an	nual report notification)	_	
at (For fu	rther information concerning thi	s matter, please call:		
Name of Person Area Code Daytime Telephone Number	Mariah	Esters-Rimmer	· ·	1	
		Name of Person		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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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

Pursuant to the provisi	ons of section 605.01	15, Florida Statutes, the undersi	igned,		
LegalCorp Solutions LL	.C		hereby resigns as		
	Name of Registered Ag	ent	nercoy reargin an		
Registered Agent for _	Fraction Mobile Tire Sc	ervice LLC			
	Name of Li	mited Liability Company		·	
L20000329301					
Document N	Number, if known	_			
A copy of this resignat	ion was mailed to the	above listed limited liability co	ompany at its last k	known address.	
The agency is terminat	ted and the office disc	ontinued on the 31st day after t	he date on which t	this statement is file	d.
		·			
		Signature of Resigning Agent			
If signing on behalf of	an entity:				
	Travis Crabtree				
	· · · · ·	Typed or Printed Name		. ~	
	Member			022 NE	
		Capacity			-11
				62 AGN 2202	-
	FILING \$ 85.00 \$ 25.00	GFEES: Active limited liability com	pany / voluntarily disso	7	
		Administratively dissolved withdrawn limited liability	company	့ အ	

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