120000355404

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





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COVER LETTER

SUBJECT: We Got Thiz Towing & Recovery L.L.C. Name of Limited Liability Company	
DOCUMENT NUMBER: L20000355404	
The enclosed Resignation of Registered Agent for a Limited Liability Compfor filing.	any 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	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
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:	
	none 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unde	ersigned.	. 23
United States Corp	poration Agents, Inc.	, hereby resigns as	SECAL!
	Name of Registered Agent	. Hereby resigns as	門のこ
Registered Agent for $\frac{}{}$	We Got Thiz Towing & Recovery L.L.C.		至 6
			% 写 呈 C
	Name of Limited Liability Company		1: 29 STAT
L20000355404			O
Document N	łumber, if known		
_	ion was mailed to the above listed limited liability ed and the office discontinued on the 31st day after		
The agency is terminal	Signature of Resigning Agent		uns statement is med.
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ag	gents, Inc.	
	Capacity		

FILING FEES: \$ 85.00 Active \$ 25.00 Admi 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withdrawn limited liability company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