

121000001840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

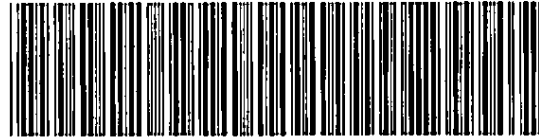
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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C. BRUMBLEY  
DEC 27 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bright Mobile Auto Detailing, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000001840

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:

Lucy Guiliano

Name of Person

Name of Firm/Company

523 Trace Circle #201

Address

Deerfield Beach, FL 33441

City/State and Zip Code

lucyguiliano@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucy Guiliano

Name of Person

at ( 860 ) 301-5384  
Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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 605.0115, Florida Statutes, the undersigned,

Lucy Guiliano \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Bright Auto Detailing, LLC

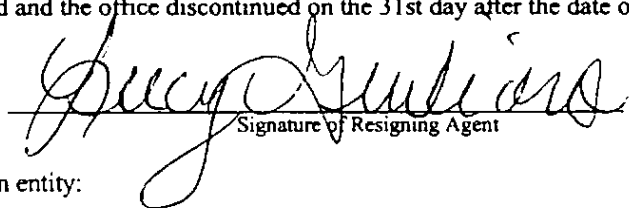
\_\_\_\_\_  
Name of Limited Liability Company

L21000001840

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

SECTION OF STATE  
TALLAHASSEE, FL

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## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 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