

L2100966813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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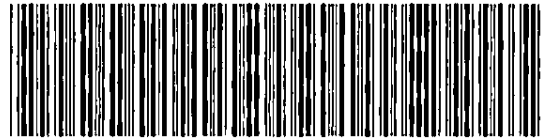
(Business Entity Name)

(Document Number)

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APR 1 2024
11:02 AM
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eddie Palmer mobile Auto Detailing /
Name of Limited Liability Company A Touch
DOCUMENT NUMBER: L21000066813 of class

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:

Nancy Taylor
Name of Person

Name of Firm/Company

2930 Jap Tucker Rd.
Address

Plant City, FL 33566
City/State and Zip Code

southshorestx@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eddie Palmer at (813) 367-7831
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Nancy Taylor hereby resigns as
Name of Registered Agent

Registered Agent for Eddie Palmer mobile Auto
Detailing / A Touch of Class LLC
Name of Limited Liability Company

621000066813
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.

Nancy Taylor
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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