

L210000070399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

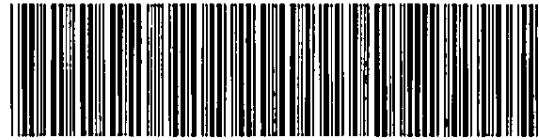
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

Y. S. H. V. R.  
SEP 01 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MB FLEET SERVICES LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000070399

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:

Edwin Moyano

Name of Person

MB FLEET SERVICES LLC

Name of Firm/Company

8920 Williams Rd

Address

Seffner, FL 33584

City/State and Zip Code

MBFleetServices@gmail.com

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

For further information concerning this matter, please call:

Edwin Moyano

at ( 813 ) 593-5547

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Eduardo Moyano

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for MB FLEET SERVICES LLC

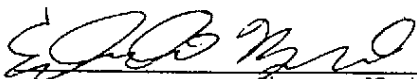
\_\_\_\_\_  
Name of Limited Liability Company

L21000070399

\_\_\_\_\_  
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

### **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**

**FILED**  
**2021 AUG 25 PM 1:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**