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(City/State/Zip/Phone #)					
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COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJ	Shellas Auto Sales LLC Varianted Liability Name of Limited Liability	x
	Name of Emilied Elability	Company
DOC	CUMENT NUMBER: 1.21000131674	
The e	enclosed Resignation of Registered Agent for a Limited ling.	Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to the	e following:
Rober	rt J. Neary, Esq.	
	Name of Person	
Kozya	ak Tropin & Throckmorton	
	Name of Firm/Company	
2525 I	Ponce de Leon Blvd., 9th Floor	
-	Address	
Coral	Gables, FL 33134	
-	City/State and Zip Code	
m@kt	ttlaw.com	
Ė	E-mail address: (to be used for future annual report notification)	
For fi	urther information concerning this matter, please call:	
Rober	Name of Person at (Area Code	372-1800
	Name of Person Area Code	Daytime Telephone Number
liabili	osed is a check made payable to the Florida Department ity company or \$25.00 for an administratively dissolved diability company.	of State for \$85.00 for an active limited l, voluntarily dissolved or withdrawn

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 provisi	ons of section 605.0115, Florida Statute	s, the undersigned,			
MJ Taxes and More Inc , hereby			ane ac		
	, nercoy rest	gus as			
Registered Agent for	helias Auto Sales LLC			_	
	Name of Limited Liability Comp	any			,
1.21000131674					
Document N	umber, if known				
	ion was mailed to the above listed limited and the office discontinued on the 31				
			<i>ن</i> ن جس	20	
	Signature of Resig	ning Agent	TANT TORI	21 SEP	
If signing on behalf of an entity:				\sim	.taues um
	Corali Lopez-Castro, Esq.		> <u>*</u>	0	1
	Typed or Printed Nam				्रेत्रेत्र परमञ्जू
	Court-appointed Receiver for MJ Taxes	and More	-3 7,400		٠ ٢
	Capacity	<u> </u>	7 T.	သ 9	

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

INHS17 (2/14)