

L21000265430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

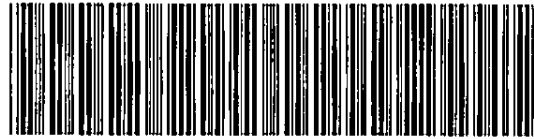
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

NOV 22 2021

Office Use Only



000375834080

11/01/21--01021--017 \*\*85.00

FILED  
2021 NOV -1 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Glossy Detailing LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Keegan Stray  
Name of Person

Glossy Detailing LLC  
Name of Firm/Company

8150 Lake San Carlos Cir.  
Address

Fort Myers/Florida 33967  
City/State and Zip Code

Keegan Stray@glossydetailing.llc  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keegan Stray at ( 636 ) 357-7209  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Christopher T. Collier, hereby resigns as  
Name of Registered Agent

Registered Agent for Glossy Detailing LLC  
Name of Limited Liability Company

\_\_\_\_\_  
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.

Christopher T. Collier  
Signature of Resigning Agent

If signing on behalf of an entity:

Christopher T. Collier  
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 NOV -1 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA