## -L21000276738

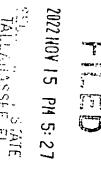
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

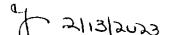
Office Use Only



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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

JAKES MOBILE MECHANIC LLC		
Name of	Limited Liability	Company
DOCUMENT NUMBER: £21000276738		
The enclosed Resignation of Registered Age for filing.	ent for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	this matter to th	ne following:
Chelsea Chapman		
Name of Person		
Legaline Corporate Services, INC.		
Name of Firm/Company		
10601 Clarence Dr Ste 250		
Address		
Frisco, TX 75033-3867		
City/State and Zip Code		
ra@legaline.com		
E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this matt	er, please call:	
Chelsea Chapman	844 at (	386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 prov	isions of section 605.0115, Florida Statutes, the	undersigned,	
Legaline Corporate Services, INC.  Name of Registered Agent		, hereby resigns as	
		, thereby resigns us	
Registered Agent for	JAKES MOBILE MECHANIC LLC		
	Name of Limited Liability Company		<u>_</u> ·
L21000276738			
Documen	nt Number, if known		
	nation was mailed to the above listed limited lia	• • •	
	Signature of Resigning A	Agent SECTION AND A TO	3
If signing on behalf	of an entity;	:	5 76
	Chelsea Chapman	:: - 	- 2011   1
	Typed or Printed Name On Behalf of Legaline Corporate Services, I? Capacity	<u> </u>	

FILING FEES:

O \$ 85.00 Active limited liability company
O \$ 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