L21000426283

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COVER LETTER

SUBJECT: PRESTIGE CARZ LE Name of Limited Liability Company DOCUMENT NUMBER: L21000426283 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: 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@legalinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Chapman Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the un	dersigned,	
Legaline Corporate Services, INC.		_ , hereby resigns as	PIND NOW
	Name of Registered Agent		100 F
Registered Agent for <u>F</u>	PRESTIGE CARZ LLC		- 332 A
	Name of Limited Liability Company		 :
1.21000426283 Document N	umber, it known		
A copy of this resignati	on was mailed to the above listed limited liabili	ty company at its last kr	nown address.
The agency is terminate	ed and the office discontinued on the 31st day a	fter the date on which th	is statement is filed.
	Signature of Resigning Age	nı	
If signing on behalf of a	an entity:		
	Zachary Mathewson		
	Typed or Printed Name		
	On Behalf of Legaline Corporate Services, INC.		
	Capacity		

FILING FEES:

\$ \$5.00 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\$ \$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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