121000432110

(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:			

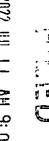
Office Use Only

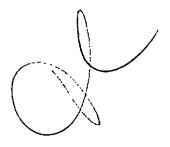


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2022 JUL 11 AH 9: 07





COVER LETTER

SUBJECT:SRQ SCOOTER REPAIR LLC			
Name of Limited Liabilit	y Company		
DOCUMENT NUMBER: L21000432110			
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee ar	e subm	itted
Please return all correspondence concerning this matter to t	he following:		
United States Corporation Agents, Inc.			
Name of Person	-		
Legalzoom.com, Inc.			
Name of Firm/Company	-		
9900 Spectrum Dr.		2022 JUL 11	
Address	_	Ę	
Austin, TX 78717		=	į.
City/State and Zip Code	- IT	1	i i i
raresignations@legalzoom.com	7. 16 70	1 AM 9: 07	
E-mail address: (to be used for future annual report notification)	-	7	
For further information concerning this matter, please call:			
800	773-0888		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011:	Florida Statutes, the undersigned	ed.	
United States Corporation Agents, In	C.	, hereby resigns as	
Name of Registered Agent		.oy resigns as	
Registered Agent for SRQ SCOOTER R	EPAIR LLC		
Name of Lim	ited Liability Company	 ,	
L21000432110			
Document Number, if known			
A copy of this resignation was mailed to the a	bove listed limited liability comp	any at its last known address.	
The agency is terminated and the office discor	ntinued on the 31st day after the o	date on which this statements filed.	
	Signature of Resigning Agent		
If signing on behalf of an entity:			
Cheyenne Mose	ley	AH 9: 07	
Т	ped or Printed Name		
Asst. Secretary for U	nited States Corporation Agents,		
	Capacity		

FILING FEES:

\$ 85.00

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

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