L22000226261

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Superior Soft Wash LLC	
Name of Limited Liability	y Company
DOCUMENT NUMBER: L22000226261	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
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.	
Address	-
Austin, TX 78717	
City/State and Zip Code	•
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
31 (800	773-0888 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Chalanad is a should made would be at 101 11 D	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statute	s, the undersigned.
United States Corp	oration Agents, Inc.	. hereby resigns as
	Name of Registered Agent	
Registered Agent for S	uperior Soft Wash LLC	
	Name of Limited Liability Compa	my ,
L22000226261		
Document Nu	umber, if known	
A copy of this resignation	on was mailed to the above listed limite	ed liability company at its last known address.
The agency is terminated	d and the office discontinued on the 31	st day after the date on which this statement is filed.
	Cripe Traudle	nine Agent
If signing on behalf of a		
	Erik Treutlein	
	Typed or Printed Name	e
	Vice President on behalf of United States C	orporation Agents, Inc.
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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