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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

<sub>subject:</sub> Bo Tows Auto Transport L	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000388868	<del></del>
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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:	
at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the	e undersigned,
United States Cor	poration Agents, Inc.	, hereby resigns as
Name of Registered Agent		
Registered Agent for _	Bo Tows Auto Transport LLC	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L22000388868		
Document l	Number, if known	
-	tion was mailed to the above listed limited liated and the office discontinued on the 31st date.	ability company at its last known address.  By after the date on which this statement is filed.
	Signature of Resigning	Agent
If signing on behalf of	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporat	tion 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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