L22 000443709

(Re	questor's Name)	
(Add	dress)	
(Ade	dress)	
(City	y/State/Zip/Phone	: #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Auto Groom LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000443709	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	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:	
800 at (773-0888
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmer liability company or \$25.00 for an administratively dissolve liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: STRE	ET ADDRESS:

Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.	1115, Florida Statutes, the under	signed.	
United States Corporation Agents	, Inc.	. hereby resigns as	
Name of Registered	Agent	, thereby resigns as	
Registered Agent for Auto Groom LLC			
Name of	Limited Liability Company		
L22000443709			
Document Number, if known			
A copy of this resignation was mailed to the	ne above listed limited liability o	company at its last known address	
The agency is terminated and the office di	Signature of Resigning Agent	the date on which this statement is filed	ł.
If signing on behalf of an entity:			
Cheyenne Mo	seley		
Asst. Secretary for	Typed or Printed Name or United States Corporation Age	ents, Inc.	
	Capacity G FEES:	DEC 13	
\$ 85.0 \$ 25.0		npany I/ voluntarily dissolved/ 🥰 🙃	اسية

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