

L22000446592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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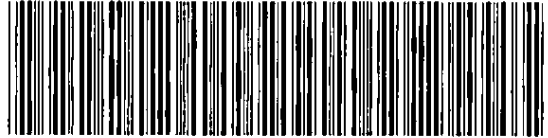
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alkanette Body Works, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000446592

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:

Abby Rosengren

Name of Person

Main Street Business Services, LLC

Name of Firm/Company

1883 W Royal Hunte Dr. Ste. 200

Address

Cedar City, UT 84720

City/State and Zip Code

abby@mainstreetbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abby Rosengren

Name of Person

at ( 435 )  
Area Code

288-0922 ext 007

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite  
Tallahassee, FL 32303

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TALLAHASSEE, FL

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

REGISTERED AGENT SOLUTIONS, INC.

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Alkanette Body Works, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L22000446592

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:



\_\_\_\_\_, Registered Agent Solutions, Inc.

\_\_\_\_\_  
Typed or Printed Name

Asst. Sec.

\_\_\_\_\_  
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

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TALLAHASSEE, FL

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