# L23000014579

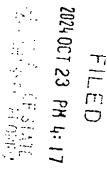
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE NOV 1 2 2024		

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10/23/24--01023--087 ++35.00



### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Polos Mobile Detailing LLO	0
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000014579	
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:	
Name of Person at (800 Area Code	773-0888  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, Florida Statutes, the unders	signed,	E CONTRACTOR OF THE CONTRACTOR
United States Corp	poration Agents, Inc.	hereby resigns as	1004 OCT
	Name of Registered Agent		13 E E
Registered Agent for	Polos Mobile Detailing LLC		20
_			-30 F.
	Name of Limited Liability Company		6
L23000014579			•
Document N	lumber, if known		
	ion was mailed to the above listed limited liability co		
The agency is terminate	ed and the office discontinued on the 31st day after t	the date on which th	nis statement is filed.
	Trutlein		
	Signature of Resigning Agent	<del></del>	
If signing on behalf of a	an entity:		
	Erik Treutlein		
	Typed or Printed Name		
	Vice President on behalf of United States Corporation Age	ents, Inc.	
	Capacity	<del></del>	

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