L23000427011

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COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L23000427011	
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 t	he following:
Travis Crabtree	
Name of Person	-
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	-
3 Greenway Plaza #1320	
Address	-
Houston, TX 77046	
City/State and Zip Code	-
brandon302ci@gmail.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888	534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

LEGALCORP SOLUTI	, hereby resigns as	
- -	Name of Registered Agent	<u> </u>
Registered Agent for _	I ABOVE THE REST MOBIL	E DETAILING LLC
	Name of Limited Lie	ability Company
	Tune or ising a	Termy Company
1.23000427011		
Document ?	Sumber, if known	
A copy of this resignat		listed limited liability company at its last known address.
	ion was mailed to the above	listed limited liability company at its last known address. If on the 31st day after the date on which this statement i
	ion was mailed to the above ed and the office discontinue	
	ion was mailed to the above ed and the office discontinue	d on the 31st day after the date on which this statement i
The agency is terminal	ion was mailed to the above ed and the office discontinue	d on the 31st day after the date on which this statement i
The agency is terminal	ion was mailed to the above ed and the office discontinue Signa an entity: Travis Crabtree	d on the 31st day after the date on which this statement i
The agency is terminal	ion was mailed to the above ed and the office discontinue Signa an entity: Travis Crabtree	d on the 31st day after the date on which this statement i

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Tallahassee, FL 32314

COVER LETTER

I ABOVE THE REST MOBILE DETAILING LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L23000427011 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: Travis Crabtree Name of Person LEGALCORP SOLUTIONS, LLC Name of Firm/Company 3 Greenway Plaza #1320 Address Houston, TX 77046 City/State and Zip Code brandon302ci@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LegalCorp Solutions, LLC Name of Person

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

TO:

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 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Fl	orida Statutes, the unde	ersigned,	
LEGALCORP SOLUTIONS, LLC			_ , hereby resigns as	
	Name of Registered Agent		_ , 110100 y 1001g.13 45	
Registered Agent for	1 ABOVE THE REST MOBILE DETAILING LLC			
	Name of Limited	Liability Company	······································	
L23000427011				
Document	Number, if known	-		
A copy of this resigna	tion was mailed to the abov	e listed limited liability	company at its last known address.	
The agency is termina	ted and the office discontin	ued on the 31st day afte	er the date on which this statement is filed.	
	Sig	nature of Resigning Agent	 	
If signing on behalf o	an entity:			
	Travis Crabtree			
	Typed	or Printed Name		
	Member			
	C	apacity		

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