L24000042683

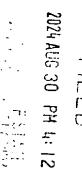
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

ICON ROCKLEAR FLORIDA LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L24000042683	
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:
JEFFERY W WELLS	
Name of Person	-
CAR PROTECTION DISTRIBUTION LLC	
Name of Firm/Company	-
1415 N ATLANTIC AVE	
Address	-
COCOA BEACH FL 32931	
City/State and Zip Code	-
JWELLS@SPARTANFL.COM	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
JEFF WELLS 517 at (256-7111
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the unde	rsigned,
RUDDICK, JAKE A	, hereby resigns as
Name of Registered Agent	
Registered Agent for ICON ROCKLEAR FLORIDA LLC	rsigned, , hereby resigns as
Name of Limited Liability Company	
L24000042683	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability. The agency is terminated and the office discontinued on the 31st day after	
Jake Ruddick Jake Ruddick (Aug 27, 2024 15 22 EDT) Signature of Resigning Agent	
If signing on behalf of an entity:	
Typed or Printed Name	
Capacity	

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ withdrawn limited liability company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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The Centre of Tallahassee
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Tallahassee, FL 32303

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Pursuant to the provisions of	f section 605.0115, Florida Statutes, the u	undersigned,
RUDDICK, JAKE A		, hereby resigns as
Nan	ne of Registered Agent	<u></u>
Registered Agent for ICON	ROCKLEAR FLORIDA LLC	, hereby resigns as

	Name of Limited Liability Company	
L24000042683		
Document Number	r, if known	
	as mailed to the above listed limited liab	after the date on which this statement is filed.
	ALE RUDDICK Roodick (Aug 27, 2024 15:22 EDT) Signature of Resigning Ag	
If signing on behalf of an en	itity:	
	Typed or Printed Name	
_	Capacity	

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

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

INHS17 (2/14)