112000000435

| (Requestor's Name) | | |
|---|----------------|--|
| (Address) | 40030918 | |
| (Address) | 10000010 | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | 02/20/1801029- | |
| (Document Number) | | |
| Certified Copies Certificates of Status | - | |
| Special Instructions to Filing Officer: | 4 | |
| | 8 | |
| | | |
| | | |

Office Use Only



4174

-011 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: QUEST INSPAR, LLC |
| Name of Limited Liability Company |
| DOCUMENT NUMBER: M12000004358 |
| 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: |
| Casey Bice Name of Person |
| Capitol Corporate Services, Inc. (Registered Agent Dept.) Name of Firm/Company |
| PO Box 1831 Address |
| Austin, TX 78767 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Casey Bice at (800) 345-4647 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. |

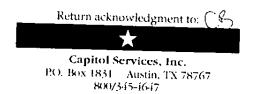
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions | of section 605.0115, | Florida Statutes, the | undersigned, | |
|----------------------------|----------------------------------|--|---|---|
| Capitol | Corporate Servic | es, Inc. | , hereby resigns as | |
| | Vame of Registered Agent | | | |
| Registered Agent for | QUEST INSPAR, LLC | | | |
| <u> </u> | | Name of the Limited Lin | ability Company | |
| M12000 | 0004358 | | | |
| Document Nun | ber, if known | | | |
| A copy of this resignation | was mailed to the abo | ove listed limited liab | oility company at its last known ac | idress. |
| The agency is terminated | and the office discont | inued on the 31st day | after the date on which this state | ment is filed. |
| - | | ignature of Resigning A | <u>eent</u> | |
| If signing on behalf of an | entity: | | | 80.00 10.00 |
| - | | ason Fischer ed or Printed Name | | |
| | Assi | stant Secretary | - | (3) |
| - | | Capacity | • | • • |
| | | | | :: - |
| | FILING F \$ 85.00 \$ 25.00 | EES: Active limited liabil Administratively dis withdrawn limited l | ity company solved/ voluntarily dissolved/ iability company | [~ ≱ |

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