

12/30/2016

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# M1300007449

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000319404 3)))



H160003194043ABC

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
16 DEC 30 AM 9:21  
CLERK OF THE  
FLORIDA DEPARTMENT OF  
STATE

## LLC REGISTERED AGENT RESIGNATION MOTOR VEHICLE SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
2016 DEC 30 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

JAN 03 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOTOR VEHICLE SOLUTIONS LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M13000007449

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:

Helen Mac-Tran

Name of Person

**NRAI SERVICES, INC.**

Name of Firm/Company

111 8th Avenue, 13th Floor

Address

New York, New York 10011

City/State and Zip Code

Helen.Mac-Tran@wolterskluwer.com

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

For further information concerning this matter, please call:

Helen Mac-Tran

Name of Person

at ( 212 ) 590-9118

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

**NRAI SERVICES, INC.**

, hereby resigns as

Name of Registered Agent

Registered Agent for

**MOTOR VEHICLE SOLUTIONS LLC**

Name of Limited Liability Company

**M13000007449**

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:

**NRAI Services, Inc. - Helen Mac-Tran**

Typed or Printed Name

**Assistant Secretary**

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

FILED  
CLERK OF STATE  
16 DEC 30 AM 9:21