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(Re	questor's Name)	
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Andriac



August 2, 2016

PIANN DILLON 1580 N POINT PRAIRIE ROAD FORISTELL, MO 63348

SUBJECT: CAPITAL AUTO PROTECTION SERVICES L.L.C.

Ref. Number: W16000053504

We have received your document for CAPITAL AUTO PROTECTION SERVICES L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 016A00016191

www.sunbiz.org

COVER LETTER

TO:	Registration of	on Section Corporation	ıs					
SUBJE		l Auto Protect	tion Services L.L.C.					
			Name of I	Limited Liability	Company			
The end Existen	closed "Appli ce, and check	ication by Fore care submitted	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limi	ation to Tra ted liability	ansact Business in Fl y company to transac	orida," C et busine	Certificate of ss in Florida
Please r	return all con	respondence c	oncerning this matter to the	following:				
	D	iann Dillon					 1	ريليس
			Na	ame of Person			20	(D)
	Y	ear To Year C	Consulting, L.L.C.				AT A	AS TIL
			Fi	rm/Company			<u> </u>	LED 22 PI
	15	580 N Point Pr	rairie Road					D PH II: 35
				Address			高訊	 ယ္က
	Fo	oristell, MO 63	3348				3 7	01
			City/St	ate and Zip Code				
	diar	ın.dillon@y2y	/c.com					
		···	E-mail address: (to be used	for future annual	report not	tification)		
For furt	her informati	on concerning	this matter, please call:					
	Diann Dille			636 at (639-18			
		Name of	Contact Person	Area Code	Day	time Telephone Nun	nber	
	MAILING Division of Registration P.O. Box 63 Tallahassee	327			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding ceutive Center Circle see, FL 32301		
Enclose	d is a check f ■ \$125.00	or the following Filing Fee	ng amount: \$\sum \text{\$130.00 Filing Fee & Certificate of Status}	☐ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing lof Status & Certifi		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Company; must	include "Limite	d Liability Company," "L.L.C.," or	"LLC.")
If name unavailable, enter a liability Company," "L.L.C.	ternate name adopted for the purpose (" or "LLC.")	of transacting by	isiness in Florida. The alternate nam	ne must include "Limited
Texas		3 45-2819	479	
(Jurisdiction under the law company is organized)	of which foreign limited liability	<u> </u>	(FEI number, if applicable)	· ·
4. N/A				SS 5
-	(Date first transacted business (See sections 605.0904 & 605.0	s in Florida, if pr	rior to registration.)	Eg .
5. 3100 West 7th Street,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16.2
Fort Worth, TX 76107				LED 22 PH II: 35 ARY OF STATE ASSEE, FLORID
<u>`</u>	(Street Address of Pr	incipal Office)	· · · · · · · · · · · · · · · · · · ·	
same	<u> </u>			55 =
· · · · · · · · · · · · · · · · · · ·				35 35 S
	(Mailing Ac	ddress)		-
7 Namu and street address	ss of Florida registered agent: (P.O	Day MOT a	roontahla)	
Name:	Charles T. Wiggins	7. 150x <u>1501 </u> ac	cceptaine)	
Office Address:	501 Commendencia Street			
Wille Address.	Pensacola		Florida 32502 (Zip code)	
			, Piorida	_
Registered agent's accep				ta
Having been named as re designated in this applica to complywith the provisi		ce of process f nent as registe	or the above stated limited liabi red agent and agree to act in thi	s capacity. I further ag
Having been named as re designated in this applica to complywith the provisi	stance: rgistered agent and to accept servi- stion, I hereby accept the appointn ons of all statutes relative to the p my position as registered agent.	ce of process f nent as registe	or the above stated limited liabi red agent and agree to act in thi plete performance of my duties	s capacity. I further ag
Having been named as redesignated in this applicated in this applicate complywith the provisinceept the obligations of	stance: registered agent and to accept service seption, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent. (Register	ce of process f nent as register roner and com red agent's signa	or the above stated limited liabi red agent and agree to act in thi plete performance of my duties ture)	s capacity. I further ag
Having been named as redesignated in this applicate to complywith the provisincept the obligations of the control of the contr	stance: rgistered agent and to accept servi- stion, I hereby accept the appointn ons of all statutes relative to the p my position as registered agent.	ce of process finent as register toper and commerced agent's signation who has/have a	or the above stated limited liabi, red agent and agree to act in this uplete performance of my duties ture)	s capacity. I further ag
Having been named as redesignated in this applicate to complywith the provisincept the obligations of the same, title or capa. 8. The name, title or capa. Andrew Hillin 3100 We	etance: egistered agent and to accept service etion, I hereby accept the appoint ons of all statutes relative to the point my position as registered agent. (Register acity and address of the person(s) v	red agent's signary who has/have a	or the above stated limited liabi red agent and agree to act in thi plete performance of my duties ture)	s capacity. I further ag
Having been named as redesignated in this applicate to complywith the provisincept the obligations of the same, title or capa. 8. The name, title or capa. Andrew Hillin 3100 We	egistered agent and to accept services registered agent and to accept services registered agent and to accept services registered agent as registered agent. (Registered agent)	red agent's signary who has/have a	or the above stated limited liabi, red agent and agree to act in this uplete performance of my duties ture)	s capacity. I further ag
Having been named as redesignated in this applicate to complywith the provision accept the obligations of a second to the control of the cont	egistered agent and to accept serviction, I hereby accept the appointmons of all statutes relative to the pomy position as registered agent. (Register acity and address of the person(s) was to 7th Street, Suite 210, Fort Worth st 7th Street, Suite 210, Fort Worth of existence, no more than 90 days of which it is organized. (Proper cubmitted)	red agent's signary, TX 76107	for the above stated limited liabilities agent and agree to act in this plete performance of my duties atture) uthority to manage is/are: Member menticated by the official having foreign language, a translation of	is capacity. I further ag, and I am familiar with

Typed or printed name of signee

Andrew Hillin

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Capital Auto Protection Services L.L.C. (file number 801782818), a Domestic Limited Liability Company (LLC), was filed in this office on May 10, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 07, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos Secretary of State