

M17000005264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

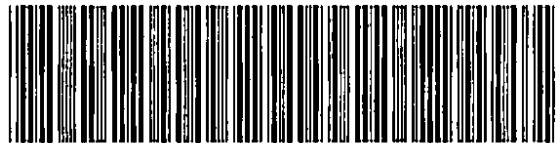
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300359786803

02/12/21--01012--028 **25.00

2021 MAR 12 AM 7:38

© SIMMONS

APR 02 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coast To Coast Imported Auto Parts LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M17000005264

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:

Y. Miranda
Name of Person

Coast To Coast Imported Auto Parts LLC
Name of Firm/Company

P.O. Box 4470
Address

Stateline, NV 89449
City/State and Zip Code

support@NevadaCRA.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Y. Miranda at (775) 322-5062
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

NORTHWEST REGISTERED AGENT LLC., hereby resigns as
Name of Registered Agent

Registered Agent for Coast To Coast Imported Auto Parts LLC

Name of Limited Liability Company

M17000005264

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:

Tom Glover

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

2021 MAR 12 AM 11:38