

M17000008454

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(City/State/Zip/Phone #)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mercedes Restoration, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M17000008454

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:

Clint Junell
Name of Person

Mercedes Restoration, LLC
Name of Firm/Company

1590 Texas Highway 121, Building 2, Suite 100
Address

Lewisville, Texas 75056
City/State and Zip Code

elizabeth@mrrestore.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Junell 972 795-2419
Name of Person at () Daytime Telephone Number
Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

The Health Law Firm, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Mercedes Restoration, LLC

Name of Limited Liability Company

M17000008454

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.

George F. Indest III, President
Signature of Resigning Agent

If signing on behalf of an entity:

George F. Indest III for The Health Law Firm, P.A.

Typed or Printed Name

President & Managing Partner

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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