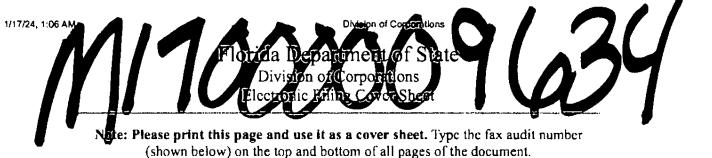
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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

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## LLC REGISTERED AGENT RESIGNATION FUSIONZONE AUTOMOTIVE, LLC

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

C T CORPORATION S		5. Florida Statutes, the undersi	
<del></del>	Name of Registered Ager		hereby resigns as
Registered Agent for			
		ited Liability Company	·
	Traine on this		
M17000009634			
Document No	imber, if known	<del></del> .	
A conv of this resignation	on was mailed to the a	bove listed limited liability co	ompany at its last known address.
recopy or ans resignation	on was maned to the t	in the manual manual manual ex	and the field this medianess.
The agency is terminate	d and the office disco	ntinued on the 31st day after t	he date on which this statement is filed
	<i>8</i> 4		
	Nai	Acy Helm - Brown Signature of Resigning Agent	
		Signature of Kesigning Agent	
lf signing on behalf of a	in entity:		
	NANCY HELM-BRO	DM2,	
	.1.	yped or Printed Name	<del></del>
	ASSISTANT SECRE	TARY	
		Capacity	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability com Administratively dissolved withdrawn limited liability	ipany / voluntarity dissolved/
	Make checks payab	ole to Florida Department of St Division of Corporations P.O. Box 6327	ate and mail to:
		Tallahassee, FL 32314	37