# M21 00000 4570

(Re	questor's Name)	
(Ad	dress)	
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,	,	
(Cit	ty/State/Zip/Phone	· #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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### **COVER LETTER**

TO: F	Registration Section Division of Corporations		
SUBJE	CT: ELITE RENTAL GROUP LLC	· · · · · · · · · · · · · · · · · · ·	
		imited Liability	Company
DOCUM	MENT NUMBER: M21000004570		
The encl for filing		t for a Limited	Liability Company and fee are submitted
Please ro	eturn all correspondence concerning the	his matter to th	e following:
Ed Tsuj	ji		
<del></del>	Name of Person	<del></del>	
MyCom	npanyWorks, Inc.		
	Name of Firm/Company		
187 E.	Warm Springs Rd., Suite B		
_	Address		
Las Ve	gas, NV 89119		
	City/State and Zip Code		
orders@	@mycompanyworks.com		
E-m	ail address: (to be used for future annual repo	rt notification)	
For furth	ner information concerning this matter	r, please call:	
Sarah E	Name of Person	702	362-2677
	Name of Person	Area Code	Daytime Telephone Number

#### MAILING ADDRESS:

liability company.

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 provi	isions of section 605.0115, Florida Statutes, t	he undersigned,
Registered Ager	nt Solutions, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	ELITE RENTAL GROUP LLC	
	-Name of Limited Liability Company	
M21000004570		
Documen	nt Number, if known	
A copy of this resign	nation was mailed to the above listed limited l	liability company at its last known address.
The agency is termin	Sarah Ball	day after the date on which this statement is filed
	Signature of Resigning	g Agent
If signing on behalf	of an entity:	
	Sarah Balen	
	Typed or Printed Name	202
	Authorized Representative of Registered A	gent Solutions, Inc.
	Capacity	gent Solutions, Inc.
	FILING FEES: \$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limite	bility company dissolved/ voluntarily dissolved/ diability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314