

M21000007689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

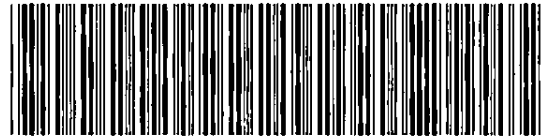
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

units

Office Use Only



500427009015

05/17/24--01005--003 **60.00

04/03/24--01013--019 **25.00

FILED
2024 MAY 17 AM 7:26
SEC. 100-4 STATE
TALLAHASSEE, FL 32304

COVER LETTER

TO: Registration Section
Division of Corporations

PC LUBES, LLC

SUBJECT: _____
Name of Limited Liability Company

DOCUMENT NUMBER: M21000007689

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:

Adam Tatum

Name of Person

Virginia Lube, INC

Name of Firm/Company

PO Box 6818

Address

Charlottesville, VA 22906

City/State and Zip Code

vlcontroller@valube.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kylene Sprouse

434

974-7408

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Name of Registered Agent

, hereby resigns as

Registered Agent for PC Lubes LLC

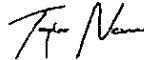
Name of Limited Liability Company

Limited Liability Company M21000007689

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:

Kylene Sprouse

Typed or Printed Name

Financial Controller

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

INHS17 (2/14)

FILED
2024 MAR 17 AM 7:26
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

03 AP
817511 12.50
817512 12.50

