

115000038450

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Buaiz Trucking Services Llc
Name of Limited Liability Company

DOCUMENT NUMBER: L15000038450

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:

Emilio Buaiz / Ailyn Gonzalez, Mgr of
Name of Person

Your Solution Group Llc
Name of Firm/Company

73 Lakepointe Circle
Address

Kissimmee, FL 34743
City/State and Zip Code

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

For further information concerning this matter, please call:

Emilio Buaiz at (786) 775-7158
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

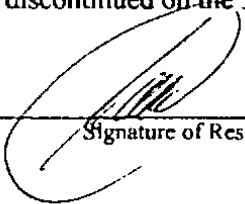
Jorge A Buaz Mass, hereby resigns as
Name of Registered Agent

Registered Agent for Buaz Trucking Services Llc
Name of Limited Liability Company

L15000038450
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.

x 
Signature of Resigning Agent

If signing on behalf of an entity:

x Jorge Buaz
Typed or Printed Name
x Registered Agent
Capacity

19 SEP -3 AM '13
11:11

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withdrawn limited liability company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