L22000295582

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nam	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
\$ 177		
FT :		

Office Use Only



600423175566

2021 FEB 14 PH 3: 44

COVER LETTER

Registration Section

TO:

Division of Corporations BALBOR LOGISTICS LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000295582 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: Westley Look Name of Person Incorporating Services, Ltd. Name of Firm/Company 3500 S DuPont Highway Address Dover, DE 19901 City/State and Zip Code wlook@incserv.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Westley Look Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	5, Florida Statutes, the u	undersigned,	
Incorporating Services, Ltd.		, hereby resigns as	
Name of Registered Age			
Registered Agent for BALBOR LOGISTI	CS LLC	<u></u>	-
Name of Lin	nited Liability Company		_1
L22000295582			
Document Number, if known			
A copy of this resignation was mailed to the	above listed limited liab	pility company at its last known address	
The agency is terminated and the office disco	ontinued on the 31st day	after the date on which this statement i	is filed.
	Signature of Resigning Ag	<u>Cutt</u>	
If signing on behalf of an entity:			1
Amanda Archambault		· .	
	Typed or Printed Name		•
As	ssistant Secretary	<u> </u>	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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