L24000243575

(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MJCTLC Transportation L	LC
Name of Limited Liability	Company
DOCUMENT NUMBER: L24000243575	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
10601 Clarence Drive Suite 250	
Address	
Frisco, TX 75034	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 under	signed,	
United States Corpor	ration Agents, Inc	> .	, hereby resigns as	
	same of Registered Agent		thereby resigns as	دے
Registered Agent for MJ	CTLC Transporta	ation LLC		2025 JUL 3
· -				
	Name of Limit	ed Liability Company		
L 2400 0243575				D PH 12:1
Document Num	ber, if known			
A copy of this resignation	was mailed to the ab	pove listed limited liability of	company at its last kno	own address.
-		Treatlein Signature of Resigning Agent	<u> </u>	
If signing on behalf of an	-			
{	Erik Treutlein			
	-	ped or Printed Name		
\	vice President on behalf	of United States Corporation Ag	gents, Inc.	
		Capacity		
	FILING F \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	mpany d/ voluntariły dissołv ty company	ed/

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