U15 0000 25049

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Liph Holle Wy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

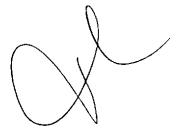
Office Use Only



000418150690

10/30/23--01005--016 ++25.00

2023 (07-2) [11/16: 12



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Broughton Trucking, LLC		
Name of Limited Liability	/ Company	
DOCUMENT NUMBER: L15000025049		
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitt	ted
Please return all correspondence concerning this matter to the	he following:	
United States Corporation Agents, Inc.		
Name of Person	-	
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		
Address	<u>-</u>	
Austin, TX 78717	2023 (
City/State and Zip Code	- ≥⊒;	
raresignations@legalzoom.com	(a) 	
E-mail address: (to be used for future annual report notification)	. :	
For further information concerning this matter, please call:	∵ ID: 12	
800 at (773-0888	
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	sions of section 605.0115, Florida Statutes, the under	signed,
United States Co	rporation Agents, Inc.	hereby resigns as
Name of Registered Agent		nereby resigns as
Registered Agent for	Broughton Trucking, LLC	
	Name of Limited Liability Company	·
L15000025049		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability of ated and the office discontinued on the 31st day after	company at its last known address,
The agency is termina	ated and the office discontinued on the 31st day after	the date on which this statement-is filed
	Signalure of Resigning Agent	ිම න
If signing on behalf o	f an entity:	lo: 12
	Cheyenne Moseley	12
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	ents, Inc.
	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