L05000084642

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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ALLAHASSEE, I LORID.

B. BOSTICK
DEC 2 2 2011

EXAMINER

COVER LETTER

OF DO TO COL.		DATIONILLO	
SUBJECT: A	NRDIGO TRANSPO Name of Limited Lia	bility Company	
DOCUMENT NUMBER:	L050	00084642	***************************************
The enclosed Resignation of R for filing.	egistered Agent for a Lit	nited Liability Compar	ny and fee are submitted
Please return all correspondence	e concerning this matter	to the following:	
KEVIN M. C Name of	OLLVER Person	·	
Name of Firm	n/Company		
880 CARILLO	√ PARKWAY		5 2 -
Addr	ess		
SAINT PETERSE City/State and			DEC 21 P
E-mail address: (to be used for	future annual report notificati	on)	F1081 77
For further information concer	ning this matter, please c	all:	DA
KEVIN M. COLLVI	ERat (72	7) 560-80	
Name of Person	Δ rea (iode & Daytime Telepho	vne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 608.4160	(2) or 608.509, Florida Stat	utes, the undersigned,			
	VIN M. COLLV		_, hereby resigns as			
Registered Agent for		ARDIGO TRANSPORA	ATION, LLC		···	
	Name of Lin	nited Liability Company			,	
L0500008		·				
A copy of this resignation w		above listed limited liability	company at its last kn	own addres	SS.	
The agency is terminated and the agency is agency is agency is age	Le.	ntinued on the 31st day after Signature of Resigning Agent	er the date on which thi	s statement	t is filed	
	T	yped or Printed Name				
		Capacity		TALLAHASS	11 DEC 21	**************************************
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liability.	ompany ed/ voluntarily dissolv lity company	ved/201/AIE	PH 12: 2	

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