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## TRANSMITTAL LETTER

$O$ $\Lambda$ $O$ $O$ $A$				
SUBJECT: B.ARR LOGISTICS LLC (Name of Limited Liability Company)				
DOCUMENT NUMBER: <u>LO. 6000 101149</u>				
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:				
Roddey Roberts (Name of Person)				
R+R CONSULTING GROUP (Name of Firm/Company)				
2875 S. ORANGE Ave, STE 500-1410 (Address)				
ORLANDO FL 32806 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Rodoley Roberts at (321) 274-3795 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

INHS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of section 60	08.416(2) or 608.509, F	lorida Statutes, the ur	idersigned,
1600EY 1	M CBERTS ered Agent)	, hereby re	esigns as
Registered Agent for SARR	LOGISTICS	LLC	
(Nam	ne of Limited Liability Comp	vany)	,
106000101149			
(Document Number, if known)			
A copy of this resignation was mailed t	to the above listed limite	ed liability company a	at its last known address.
The agency is terminated and the office	e discontinued on the 31	st day after the date of	on which this statement is filed.
1500	UM/20	2	
	(Signature of Resigning A	gent)	Si Si
If signing on behalf of an entity:			APR CORE
			25年 · 5 日
	(Typed or Printed Nam	ne)	RIG PM RIG PM ELASSEE, F
<del> </del>	(Capacity)		PM 1:21  OF STATE SEE, FLORID
			<b>₽</b> '``

### 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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