

LO9000076819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

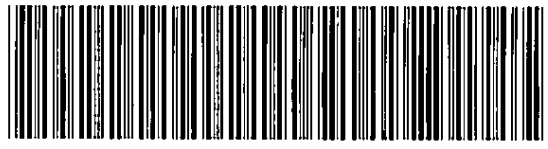
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2024 MAY -6 PM 12:33
Filing Assistant
11/11/2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METRO EXPRESS HOLDINGS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L09000076819

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:

VIVIAN WILLIAMS

Name of Person

DADE CORPORATE SERVICES, INC

Name of Firm/Company

2300 CORAL WAY

Address

MIAMI, FLORIDA 33145

City/State and Zip Code

VIVIAN@CANTERATAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIVIAN WILLIAMS

305

856-0056

at (_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DADE CORPORATE SERVICES, INC

, hereby resigns as

Name of Registered Agent

Registered Agent for METRO EXPRESS HOLDINGS, LLC

Name of Limited Liability Company

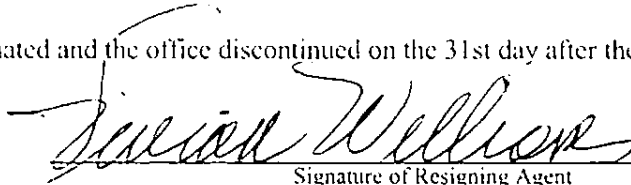
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Document Number, if known

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2024 MAR 11 - 15 PM 12:33
TALLAHASSEE, FLORIDA
STATE

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

VIVIAN WILLIAMS

Typed or Printed Name

PRESIDENT

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