

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L11000128200

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : COBB & COLE
Account Number : 120030000050
Phone : (386)323-9247
Fax Number : (386)999-3310

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LLC REGISTERED AGENT RESIGNATION
CUSCS HOLDINGS, LLC

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APR - 1 2021

M. SOLOMON

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cycle Up Supply Chain Services, LLC n/k/a CUSCS Holdings, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000128200

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:

John P. Ferguson, Esquire

Name of Person

Cobb Cole

Name of Firm/Company

149 S. Ridgewood Avenue - Suite 700

Address

Daytona Beach, FL 32114

City/State and Zip Code

Annual.Reports@CobbCole.com

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

For further information concerning this matter, please call:

John P. Ferguson

at (386) 323-9247

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2021 MAR 31 AM 10:19

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Palmetto Charter Services, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Cycle Up Supply Chain Services, LLC n/k/a CUSCS Holdings, LLC

Name of Limited Liability Company

L11000128200

Document Number, if known

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:

John P. Ferguson

Typed or Printed Name

Vice-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

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