

L110000142763

2/15/2017 2:15:31 PM

Ware, Amber S.

Foley & Lardner LLP

Page 2

Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FOLEY & LARDNER

Account Number : 072720000061

Phone : (904) 359-2000

Fax Number : (904) 359-8700

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
DELIVERY OUTSOURCING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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FEB 16 2017

H170000429793
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delivery Outsourcing, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000142763

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:

Charles V. Hedrick

Name of Person

F & L Corp.

Name of Firm/Company

One Independent Drive, Suite 1300

Address

Jacksonville, Florida 32202

City/State and Zip Code

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

For further information concerning this matter, please call:

Amber Ware

Name of Person

at (904) 359-878

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

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

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

F & L Corp.

Name of Registered Agent

, hereby resigns as

Registered Agent for Delivery Outsourcing, LLC

Name of Limited Liability Company

L11000142763

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.

F + L Corp.By: Charles V. Hedrick

Signature of Resigning Agent

its authorized signatory

If signing on behalf of an entity:

Charles V. Hedrick

Typed or Printed Name

Authorized Signatory

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

INHS17 (2/14)

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