L140000.48178

(Requestor's Name)						
(Address)						
(Address)						
(1881)						
(O') (O) (A (T) (T) (T)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
ļ						





300287342493

07/15/16--01005--017 **110.00

SECRETARIO SE SE

J. HAZAIS

COVER LETTER

NULINE FREIGHT LLC						
SUBJECT: Nullne freight LLC Name of Limited Liability Company						
DOCUMENT NUMBER: L14000048178						
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:						
DIEGO D'AGOSTINO						
Name of Person						
NULINE FREIGHT LLC						
Name of Firm/Company						
2268 CAMINO DE LAS PALMAS						
Address						
LEMON GROVE, CA 91945						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
DIEGO D'AGOSTINO at () Name of Personat () Area CodeDaytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115, Florida Sta	atutes, the undersigned,			
EDWARD J SERRA CPA PLLC		, hereby resigns as			
1	, notedy testgris as	, nerecy resigns as			
Registered Agent for NU	ILINE FREIGHT LLC				-
	Name of Limited Liability C	'ompany			_,
L14000048 7 8					
Document Num	iber, if known				
A copy of this resignation	was mailed to the above listed li	imited liability company at its last	known ac	idress.	
The agency is terminated	gled	31st day after the date on which	this state	ment is	s filed.
If signing on behalf of an	entity:				
			<u>></u>	جارب وحام	
	Typed or Printed	Name	LAE LAE		
-	Capacity		JSST NAW	\overline{S}	
	FILING FEES: \$85.00 Active lim \$25.00 Administra withdrawr	ited liability company atively dissolved/ voluntarily diss n limited liability company	CF STATE FLORIDA olved/	#HID: 34	- Common of the

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