Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160001500113)))



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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

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 DJ LOGISTICS SOLUTIONS, LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DJ Logistics Solutions, LLC	
	mited Liability Company
DOCUMENT NUMBER: L14000135104	
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fee are submitted
Please return all correspondence concerning the	is matter to the following:
Kate Seldita	
Name of Person	 .
C T CORPORATION SYSTEM	
Name of Firm/Company	
111 8th Avenue, 13th Floor	
Address	
New York, New York 10011	
City/State and Zip Code	
kate.seidita@wolterskluwer.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter,	please call:
Kate Seidita	212 894-8526
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrative liability company.	a Department of State for \$85,00 for an active limited vely dissolved, voluntarily dissolved or withdrawn limited

STREET ADDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section Division of Corporations

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

C T CORPORATION SYSTEM	, hereby resigns as
Name of Registered Agent	· • • • • • • • • • • • • • • • • • • •
Registered Agent for DJ LogIstics Solutions, L	LC
Name of Limited Link	bility Company
L14000135104	
Document Number, if known	
A copy of this resignation was mailed to the above li	isted limited liability company at its last known address.
	d on the 31st day after the date on which this statement is filed.
•	
If signing on behalf of an entity:	
C T Corporation Syste	em - Kate Seidita 👙 🛴
	Printed Name
	Printed Name

\$ 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