

215000004038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

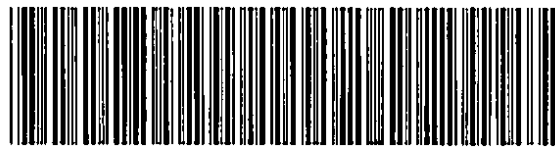
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000318199230

09/14/18--01008--006 \*\*85.00

FILED  
18 SEP 14 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALLY  
SEP 18 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BROTHER EXPRESS TRANSPORT LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000004038

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:

ENRIQUE VALIDO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

10 SE 4 ROAD

\_\_\_\_\_  
Address

HOMESTEAD FL 33030

\_\_\_\_\_  
City/State and Zip Code

BROTHERTRANSPORT@YAHOO.COM

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

For further information concerning this matter, please call:

ENRIQUE VALIDO

\_\_\_\_\_  
Name of Person

at ( 786 ) 601-2154

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

DELMA I AYALA

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for BROTHER EXPRESS TRANSPORT LLC

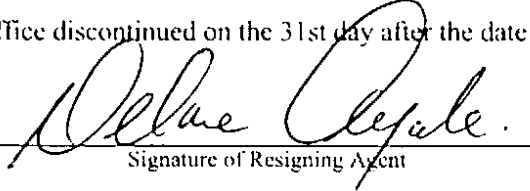
\_\_\_\_\_  
Name of Limited Liability Company

L15000004038

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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

FILED  
18 SEP 14 AM 9:47  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE