

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L16000115003**

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H160003139083ABC\*

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

From:  
Account Name : US TAX CONSULTING INC  
Account Number : 120160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

**\*\*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  
2 BROTHERS TRANSPORTATION LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$120.00

RECEIVED

2016 DEC 23 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 DEC 23 AM 9:00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 27 2016  
J. HARRIS

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2 BROTHERS TRANSPORTATION LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000115003

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:

**RODRIGO CAVALCANTE**

Name of Person

**US TAX CONSULTING INC**

Name of Firm/Company

**5401 S KIRKMAN RD STE 135**

Address

**ORLANDO, FLORIDA 32819**

City/State and Zip Code

**rodrigo@ustaxconsulting.net**

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

For further information concerning this matter, please call:

**RODRIGO CAVALCANTE**

Name of Person

at ( **407** ) **674-8969**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**US TAX CONSULTING INC**

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

, hereby resigns as

Registered Agent for **2 BROTHERS TRANSPORTATION LLC**

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

**L16000115003**

\_\_\_\_\_  
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:

**DANILO SANTANA**

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

**PRESIDENT**

\_\_\_\_\_  
Capacity

FILED  
SECRETARY OF STATE  
16 DEC 23 AM 9:00  
TALLAHASSEE, FLORIDA

**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