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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2017

REINIER JARDINES 8600 NW 17TH ST STE 145 MIAMI, FL 33126

SUBJECT: CONSOL FREIGHT, LLC

Ref. Number: L16000133426

We have received your document for CONSOL FREIGHT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 417A00018306

2017 CCT 20 PM 12: 31.

COVER LETTER

TO:	Registration Section Division of Corporations
SUB	ECT:
	Name of Limited Liability Company
DOC	JMENT NUMBER: L16000133426
The e	iclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.
Pieas	return all correspondence concerning this matter to the following:
"REIN	ER JARDINES
	Name of Person
CON	SOL FREIGHT , LLC
	Name of Firm/Company
8600	NW 17 ST. STE 145
	Address
MIAN	I , FL 33126
	City/State and Zip Code
reinie	r@consolfreight.com
E	mail address: (to be used for future annual report notification)
For fi	ther information concerning this matter, please call:
Darie	Inclan 305 909 6701
	Name of Person at (305 909 6701 Area Code Daytime Telephone Number

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, FI. 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, th	e undersigned,	
ERNESTO, VILA A	herahy recions as	
Name of Registered Agent	, hereby resigns as	
Registered Agent for CONSOL FREIGHT LLC		
Name of Limited Liability Company	······································	
L16000133426		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited list		
The agency is terminated and the office discontinued on the 31st da	ly after the date on which this statement is filed.	
Signature of Resigning	#. P	
If signing on behalf of an entity:		
	PH 2:	
Typed or Printed Name		
Capacity	***	

FILING FEES: \$ 85.00 Active Active limited liability company
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 Tullahassee, FL 32314