# L16000194618

(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:			





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19 NOV 19 ANIO: 27

RA Rasignation

### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Johns Lake Transport, LLC			
Name of Limited Liability	Company		
DOCUMENT NUMBER: L16000194618			
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are s	submitted	:1
Please return all correspondence concerning this matter to the	he following:		
United States Corporation Agents, Inc.			
Name of Person	-		
Legalzoom.com, Inc.			
Name of Firm/Company	-		
101 North Brand Blvd. 11th Floor			
Address	-		
Glendale, CA 91203			
City/State and Zip Code	-	 Up	<u></u>
raresignations@legalzoom.com		5	<u>-</u> 
E-mail address: (to be used for future annual report notification)	-	·20	
For further information concerning this matter, please call:		<u> </u>	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Janna 1 800	773-0888 x3950	AH IO: 2	17:43. V1S.
Name of Person Area Code	Daytime Telephone Number	7	3.40 E.

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115. Florida Statutes, the u	indersigned,	
United States Corporation Agents, Inc.		, hereby resigns as	
-	Name of Registered Agent		
Registered Agent for	ohns Lake Transport, LLC		<del></del>
	Name of Limited Liability Company		_,
L16000194618			
Document No	amber, if known		
A copy of this resignation	on was mailed to the above listed limited liabi	ility company at its last known address	;.
The agency is terminate	and the office discontinued on the 31st day Signature of Resigning Age		is filed.
If signing on behalf of a	nn entity:		9
	Cheyenne Moseley		유우리
	Typed or Printed Name	<del></del>	EO OF STAT XYORATI
	Asst. Secretary for United States Corporation	n Agents, Inc.	,
	Capacity	•	2.1015 3.1016

FILING FEES:

\$ 85.00 \$ 25.00 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 Tallahassee, FL 32314