117000218658

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



000328061010

2019 APR 22 PM 5: 4



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: PINEAPPLE EXPRESS	CA, LLC		
Nam	ne of Limited Liability Company		
DOCUMENT NUMBER: L17000218			
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted		
Please return all correspondence concer	ning this matter to the following:		
United States Corporation Agents, I	nc.		
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Compan	ŊŸ.		
9900 Spectrum Dr.			
Address			
Austin, TX 78717			
City/State and Zip Cod	le		
E-mail address: (to be used for future annu	ual report notification)		
For further information concerning this	matter, please call:		
Kasandra Lund	, 1 800 773-0888 x3951		
Name of Person	at (1 800 773-0888 x3951 Area Code Daytime Telephone Number		
Enclosed is a check made payable to the liability company or \$25.00 for an admitiability company.	e Florida Department of State for \$85.00 for an active limited nistratively dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605,0115. Florida Statutes, the uni	dersigned.	
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as	
		Hereby resigns as	
Registered Agent for _	PINEAPPLE EXPRESS CA, LLC		-
	Name of Limited Liability Company		-,
L17000218658			
Document N	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liabilit	y company at its last known address.	
The agency is terminat	ed and the office discontinued on the 31st day af Signature of Resigning Agent	20	
If signing on behalf of	an entity:	9 AF	•:47
	Cheyenne Moseley	TALL ASSET	ں بن منتشد ہ انتشا یہ ز
	Typed or Printed Name	>	
	Asst. Secretary for United States Corporation A	agents, Inc.	امداد) المالية
	Capacity	The state of the s	. " <u>-</u>

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