# L180000 43905

(Reque	estor's Name	)
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docum	nent Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	
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Office Use Only



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### **COVER LETTER**

TO: Registration Section - Division of Corporations	
SUBJECT: Landfair Logistics, LLC  Name of Limited Liability	Company
DOCUMENT NUMBER: L18000043905	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at ( Area Code	773-0888 Daytime Telephone Number
Area Code	tray time a cicphone is unider

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 unc	dersigned,	20
United States Corporation Agents, Inc.	h	2821 JUN
Name of Registered Agent	_ , hereby resigns as	
Registered Agent for Landfair Logistics, LLC		
		3
Name of Limited Liability Company		<del></del>
L18000043905		<u> </u>
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability.  The agency is terminated and the office discontinued on the 31st day after		
Signature of Resigning Agent		nis statement is filed.
If signing on behalf of an entity:		
Cheyenne Moseley		
Typed or Printed Name		
Asst. Secretary for United States Corporation A	gents, Inc.	
Capacity	<del></del>	

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