119000097062

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2022 AFR -6 (FILIDE):

COVER LETTER

TO: Registratio Division of	n Section f Corporations
SUBJECT:DOT	MIL TRANSPORT, LLC Name of Limited Liability Company
DOCUMENT NU	JMBER: L18000087062
The enclosed Resi for filing.	gnation of Registered Agent for a Limited Liability Company and fee are submitted
Please return all co	orrespondence concerning this matter to the following:
United States Co	orporation Agents, Inc.
	Name of Person
Legalzoom.com	, Inc.
	Name of Firm/Company
9900 Spectrum	
	Address
Austin, TX 7871	7
·	City/State and Zip Code
raresignations@)legalzoom.com
E-mail address:	(to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
	773-0888
Na	at (800 773-0888) Area Code Daytime Telephone Number
Enclosed is a checliability company liability company.	ck made payable to the Florida Department of State for \$85.00 for an active limited or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited.

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, Florid	la Statutes, the under	rsigned.		
United States Corporation Agents, Inc.		, hereby resigns as			
	Name of Registered Agent		. weres, reagns as		
Registered Agent for DO	T MIL TRANSPORT, I	LLC			
	Name of Limited Liab	ility Company		<u> </u>	ı
L18000087062					
Document Num	nber, if known				
A copy of this resignation	was mailed to the above lis	sted limited liability	company at its last k	nown address.	
The agency is terminated	and the office discontinued	on the 31st day after	the date on which t	his statement is	tiled.
-	Signatu	ire of Resigning Agent			
If signing on behalf of an entity:			7022 -{C		
	Cheyenne Moseley				***
-	Typed or f Asst, Secretary for United S	rinted Name tates Corporation Ag	ents, Inc.		•
•	Сарас	city	***	1337	
				9. 19	
	\$ 25.00 Adm	re limited liability co	ed/ voluntarily disso	lived/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314