L18000131541

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Carliford Carlos
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

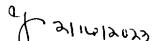




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11/15/22--01037--002 **13600.00





COVER LETTER

SUBJECT: Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L18000131541	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Cheisea Chapman	
Name of Person	_
Legaline Corporate Services, INC.	
Name of Firm/Company	_
10601 Clarence Dr Ste 250	
Address	_
Frisco, TX 75033-3867	
City/State and Zip Code	_
ra@legaline.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Chelsea Chapman 844	386-0178
Name of Person Area Code	Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5, Florida Statutes, the unde	ersigned,			
Legaline Corporate Services, INC.		, hereby resigns as				
	Name of Registered Age	ent	,,,			
Registered Agent for K	INGSTON LOGISTIC	S LLC				
		nited Liability Company				 ,
	Name of this	anco manning company				
L18000131541						
Document No	ımber, if known					
A copy of this resignation	on was mailed to the	above listed limited liability	company at its l	ast know	n addre	ess.
The agency is terminate	d and the office disco	ontinued on the 31st day after Signature of Resigning Apent	the date on wh	ich this st		it is filed
If signing on behalf of a	n entity:			SEC	2022 NOV	
	Chelsea Chapman			i	80	
	Т	yped or Printed Name			15	******
	On Behalf of Legalin	c Corporate Services, INC.		(5)		E E
		Capacity		rri,	¥	[] [E :
				FL	PM 5: 09	
	FILING ⊙ \$ 85.00 ⊙ \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabil	ed/ voluntarily d	issolved/	,	

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