L18000201038

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Clark Trucking LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000201038	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
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	-
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:	
21 (800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provision	ons of section 605.01	15, Florida Statutes, the under	rsigned,			
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as				
		ent	thereby resigns as			
Registered Agent for	Clark Trucking LLC	<u> </u>				
	Name of Lir	nited Liability Company			·	
L18000201038						
Document N	umber, if known					
	ed and the office disco	above listed limited liability of ontinued on the 31st day after by Tracklain Signature of Resigning Agent				filed.
	Erik Treutlein			-		
	7	yped or Printed Name United States Corporation Age Capacity	ints, Inc.	ALLAHASSEE,	2024 JUN 12 F	TI
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	d/ voluntarily dissol	FLORIDAD	PM 1:00	

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