119000041988

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
Q. SILAS				
12/10/21				

Office Use Only



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2021 DEC 10 PM 5: 42



FLORIDA DEPARTMENT OF STATE 2021 [70] | 61 | 9: 20 Division of Corporations

Letter Number: 021A00028964

December 2, 2021

THEODORE M. BURT PO BOX 308 TRENTON, FL 32693

SUBJECT: LIL "O" TRUCKING, LLC

Ref. Number: L19000041988

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

www.sunbiz.org



TO: Registration Section Division of Corporations	
SUBJECT: Lil "O" Trucking, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000041988	
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:
Theodore M. Burt	
Name of Person	
Theodore M. Burt, Esq.	
Name of Firm/Company	
Post Office Box 308	
Address	
Trenton, F: 32693	
City/State and Zip Code	
burt@svic.net	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Theodore M. Burt at (4632348
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

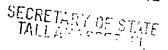
Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANNED 10 PM 5:42



Pursuant to the provi-	sions of section 605	5.0115, Florida Statutes, th	ie undersigned.
Theodore M. Burt			hereby resigns as
	Name of Registere	ed Agent	Hereby resigns as
Registered Agent for	Lil "O" Trucking, L	LLC	
	Name (of Limited Liability Company	•
L19000041988			
Document	Number, if known		
A copy of this resign	ation was mailed to	the above listed limited I	iability company at its last known address.
The agency is termin	ated and the office	discontinued on the 31st of	day after the date on which this statement is filed.
	Mior	M. Bust Signature of Resigning	Agent
If signing on behalf o	of an entity:		
	Theodore M. Bu	urt	
		Typed or Printed Name	
	Attorney		
		Capacity	

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