# L19000142804

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### **COVER LETTER**

Division of Corporations SUBJECT: Manna Logistics LLC Name of Limited Liability Company DOCUMENT NUMBER: L19000142804 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the 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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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	ns of section 605.0115. Florida Statutes, the under	rsigned.		
United States Corporation Agents, Inc.		, hereby resigns as		
	Name of Registered Agent			
Registered Agent for $\underline{M}$	anna Logistics LLC			
	Name of Limited Liability Company			<del></del> .
L19000142804				
Document Nu	imber, if known			
A copy of this resignation	on was mailed to the above listed limited liability	company at its last kno	own addi	ess.
The agency is terminate	d and the office discontinued on the 31st day after	r the date on which this	s stateme	ent is filed
	Signature of Resigning Agent			
If signing on behalf of a	n entity:		SECRETARY	) )
	Cheyenne Moseley	Ę.	) 1	
	Typed or Printed Name		<u> </u>	
	Asst. Secretary for United States Corporation Ag	jents, Inc.		Section 2
	Capacity	जि (स	OF STATE	-

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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