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### **COVER LETTER**

SUBJECT: EARLY BIRD XPRESS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000165297

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

101 North Brand Blvd. 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

raresignations@legalzoom.com

TO:

Registration Section
Division of Corporations

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kasandra Lund at (1800) 773-0888 x3951

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.01	15, Florida Statutes, the undersigned,			
United States Corporation Agents, Inc.		hereby resigns as			
	Name of Registered Age		· - · · · · · · · · · · · · · · · · · ·		
Registered Agent for_	EARLY BIRD XPR	EARLY BIRD XPRESS LLC			-
	Name of Lin	nited Liability Company			.•
L19000165297					
Document N	umber, if known				
A copy of this resignat	ion was mailed to the	above listed limited liability company a	t its last known	addre:	ss.
The agency is terminate	d and the office discon	tinued on the 31st day after the date on w	hich this stateme	ent is fī	led.
		Signature of Resigning Agent			
f signing on behalf of	an entity:				
	Cheyenne Mose	eley			
	<u>.i.</u>	yped or Printed Name			
	Asst. Secretary for U	Inited States Corporation Agents, Inc.			
		Capacity		17	
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability company Administratively dissolved/ voluntaril withdrawn limited liability company			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