# L19000213524

| (Re                     | questor's Name)     |           |
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| PICK-UP                 | MAIT                | MAIL      |
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| (Bu                     | siness Entity Nam   | ne)       |
|                         |                     |           |
| (Do                     | cument Number)      |           |
| •                       | ·                   |           |
| Certified Copies        | Certificates        | of Statue |
| Certified Copies        | _ Certificates      | OI Status |
|                         |                     |           |
| Special Instructions to | Filing Officer:     |           |
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## COVER LETTER

| SUBJECT: MATXISG USA CONTROLLER LLC  Name of Limited Liabil        | ily Company                                |
|--|--|
| DOCUMENT NUMBER: L19000213824                                      | my Company                                 |
| The enclosed Resignation of Registered Agent for a Limitor filing. | ed Liability Company and fee are submittee |
| Please return all correspondence concerning this matter to         | the following:                             |
| United States Corporation Agents, Inc.                             |  |
| Name of Person   | <del></del>                                |
| Legalzoom.com, Inc.  |  |
| Name of Firm/Company   | <del>_</del>                               |
| 101 North Brand Blvd. 11th Floor                                   |  |
| Address  |  |
| Glendale, CA 91203   |  |
| City/State and Zip Code  |  |
| raresignations@legalzoom.com                                       |  |
| E-mail address: (to be used for future annual report notification) | <del></del>                                |
| For further information concerning this matter, please call        | :  |
| at (   | 773-0888                                   |
| Name of Person Area Coc  | e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

**TO:** Registration Section

Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, 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 provisions of section 605.0115, Florida Statutes, the ur  | dersigned,                    |             |
|---|-------------------------------|-------------|
| United States Corporation Agents, Inc.  | , hereby resigns as           | 202         |
| Name of Registered Agent  | , nereby resigns as           | <u>-</u>    |
| Registered Agent for MATXISG USA CONTROLLER LLC   |                               | 2021 JAH 26 |
|   |                               |             |
| Name of Limited Liability Company   | 7                             | ب ب         |
| L19000213824  | ,                             | ີ ດ<br>ເລ   |
| Document Number, if known   |                               |             |
| A copy of this resignation was mailed to the above listed limited liabili.  The agency is terminated and the office discontinued on the 31st day a  Signature of Resigning Agen  If signing on behalf of an entity: | fter the date on which this s |             |
| Cheyenne Moseley  |                               |             |
| Typed or Printed Name   | <del>-</del>                  |             |
| Asst. Secretary for United States Corporation   | Agents, Inc.                  |             |
| Сарасиу   | <del></del>                   |             |
|   |                               |             |

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