LIACCCA5505S

(Requestor's Name)			
(Address)			
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(6) (6) (7)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

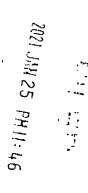
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MAR 0 6 2021 S. YOUNG



COVER LETTER

то:	: Registration Section Division of Corporations	
SUBJ	BJECT: Name of Limited Liability Company	
	Name of Limited Liability Company	
DOC	CUMENT NUMBER: L19000255088	
The en	enclosed Resignation of Registered Agent for a Limited Liability Company and fee are stilling.	abmitted
Please	ase return all correspondence concerning this matter to the following:	
Unite	ited States Corporation Agents, Inc.	
	Name of Person	
Lega	gałzoom.com, Inc.	
	Name of Firm/Company	
101 N	1 North Brand Blvd. 11th Floor	
	Address	
Glen	endale, CA 91203	
	City/State and Zip Code	
rares	esignations@legalzoom.com	
Е	E-mail address: (to be used for future annual report notification)	
For fu	further information concerning this matter, please call:	
	800 773-0888	
	Name of Person at (Name of Person Area Code Daytime Telephone Number	
Enclor Iiabili Iiabili	closed is a check made payable to the Florida Department of State for \$85.00 for an active fility company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrollity company.	limited awn limited

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 605.0115. Florida Statutes, the under	signed,
United States Corp	hereby resigns as	
	Name of Registered Agent	. Herooy realigns to
Registered Agent for _	Hodges Trucking LLC	
	Name of Limited Liability Company	
L19000255088		
Document N	lumber, if known	
A copy of this resignat	ion was mailed to the above listed limited liability of	company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is filed
	Signature of Resigning Agent	2021 JAK
If signing on behalf of	an entity:	(L)
	Cheyenne Moseley	25
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	ents, Inc.
	Capacity	 ග

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