120000010786

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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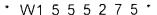


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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date: February 02, 2021

AE:

Cori Ann Crosthwaite

Vendor # 108090

Email:

ccrosthwaite@myparacorp.co

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TO.

Florida Department of State

New Filing Section - Division of Corporations

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Tallahassee, FL 32314

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FAX.

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NAME:

VILORIA TRANSPORT LLC

REGISTERED AGENT RESIGNATION FILING

<u>Ştatę</u>

FL

PLEASE EMAIL OR FAX A COPY OF RESULTS

Please return via: Regular Mail

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Registered Agent for VILORIA TRANSPORT LLC Name of Limited Liability Company L20000010786 Document Number, if known A copy of this resignation was mailed to the above listed limited liability company at its last known. The agency is terminated and the office discontinued on the 31st day after the date on which this second continued and the office discontinued on the 31st day after the date on which this second continued and the office discontinued on the 31st day after the date on which this second continued and the office discontinued on the 31st day after the date on which this second continued on the 31st day after the date on which this second continued on the 31st day after the date on which this second continued on the 31st day after the date on which this second continued on the 31st day after the date on which this second continued continued on the 31st day after the date on which this second continued continu	2021 FEB -8 PH 2: 1	, , ; ;
Name of Registered Agent Registered Agent for VILORIA TRANSPORT LLC - Name of Limited Liability Company L20000010786 Document Number, if known A copy of this resignation was mailed to the above listed limited liability company at its last known		, , ;a=
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A copy of this resignation was mailed to the above listed limited liability company at its last know		
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Palma Vivez	statement is	med.
Signature of Resigning Agent		
If signing on behalf of an entity:		
EDNA PERRY		
Typed or Printed Name		
Asst. Secretary Rocket Lawyer Corporate Services LLC		
Capacity		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company