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Office Use Only



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Ra Resignation

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COVER LETTER

| SUBJECT: Bad Mother Truckers LLC | | |
|--|---------------------------------|-------------|
| Name of Limited Liability | Company | |
| DOCUMENT NUMBER: L20000045944 | ·········· | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | l Liability Company and fee are | e submitted |
| Please return all correspondence concerning this matter to the | ne following: | |
| United States Corporation Agents, Inc. | | |
| Name of Person | • | |
| Legalzoom.com, Inc. | | |
| Name of Firm/Company | • | |
| 9900 Spectrum Dr. | | |
| Address | - | |
| Austin, TX 78717 | | 2022 HAY |
| City/State and Zip Code | | |
| raresignations@legalzoom.com | | |
| E-mail address: (to be used for future annual report notification) | - | <u> </u> |
| For further information concerning this matter, please call: | | |
| 800 at (| 773-0888 | 2 |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

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 | ons of section 605.0115, Florida Statutes, the und | ersigned, | |
|--|--|------------------------------------|---------------|
| United States Corporation Agents, Inc. | | _ , hereby resigns as | |
| | Name of Registered Agent | Hereby resigns as | |
| Registered Agent for | ad Mother Truckers LLC | | |
| | Name of Limited Liability Company | | , |
| L20000045944 | | | |
| Document N | umber, if known | | |
| A copy of this resignati | on was mailed to the above listed limited liability | company at its last known addre | ess. |
| The agency is terminate | ed and the office discontinued on the 31st day aft | er the date on which this statemer | nt is filed. |
| | au | | |
| | Signature of Resigning Agent | | |
| If signing on behalf of an entity: | | | 2022 MAY 16 |
| | Cheyenne Moseley | | |
| | Typed or Printed Name Asst. Secretary for United States Corporation A Capacity | gents, Inc. | 16 MH: 2 |
| | | | 2 |

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