L20 000 100735

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
L		





800354116798

10/28/20--01017--010 **25.00

SA OF 1 23 PH 3: US

Ra Risignation

DEC 0 3 2020

D CUSHING

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Yasiel T Santa Express LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L20000100735	
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	ee are submitted
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	3
raresignations@legalzoom.com	, ,
E-mail address: (to be used for future annual report notification)	(3)
For further information concerning this matter, please call:	32 120
	선 보기 전 기기 전 기기
Name of Person Area Code Daytime Telephone Number	er F

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115, Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc. , here		hereby resigns as	
		Mereby realghs to	
Registered Agent for \underline{Y}	asiel T Santa Express LLC		
	Non-chick Hills C	 ,	
	Name of Limited Liability Company		
L20000100735			
Document No	amber, if known		
A copy of this resignation	on was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is terminate	d and the office discontinued on the 31st day after t	he date on which this statement is	filed.
If signing on behalf of an entity:		70 °	• `;.
	Cheyenne Moseley	(1)	
	Typed or Printed Name	<u></u>	, . , .
	Asst. Secretary for United States Corporation Agen	nts, Inc.	್ಷಾ
	Capacity	ن خ خ	• (/

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