L20000120980

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

Office Use Only



800394361108

09/15/22--01024--001 **1955.08

File of the Common of the Comm

2022 SEP 15 PH 4: 37

DEC 20 7027 3. WRATini

COVER LETTER

SUBJECT: Name of Li	mited Liability	Company
DOCUMENT NUMBER: L20000120980		
The enclosed Resignation of Registered Agent for filing.	for a Limite	d Liability Company and fee are submitted
Please return all correspondence concerning th	is matter to t	he following:
Chelsea Chapman		
Name of Person	- · ·	-
Legaline Corporate Services, INC.		
Name of Firm/Company	<u>.</u>	-
10601 Clarence Dr Ste 250		
Address	<u> </u>	-
Frisco, TX 75033-3867		
City/State and Zip Code		-
ra@legalinc.com		
E-mail address: (to be used for future annual repor	rt notification)	-
For further information concerning this matter.	, please call:	
Chelsea Chapman	844 ut (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011.	5, Florida Statutes, the undersign	ned,		
Legaline Corporate Servi	ces, INC.	, he	, hereby resigns as		
Registered Agent for	ENNEDEN TRANSPO	RTATION LLC		_	
	Name of Lim	nited Liability Company		,	
L20000120980					
Document Nu	ımber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability com	ipany at its last known address	S.	
The agency is terminated	and the office disco	ntinued on the 31st day after the	date on which this statement	is filed.	
If signing on behalf of a	n entity:			20	
Chelsea Chapman			2022 SE		
	Typed or Printed Name On Behalf of Legaline Corporate Services, INC.			- Si	
			;	in on .	
		Capacity	•	-;	
	FILING § 85.00 S 25.00	FEES: Active limited liability compa Administratively dissolved/ v withdrawn limited liability co	any voluntarily dissolved/	PH 4: 37	

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

,