

120 000 230 783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

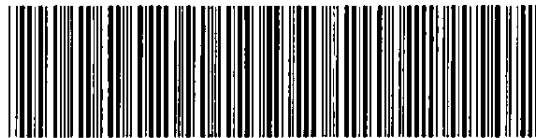
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500435411305

08/30/24--01030--025 \*\*145.00

FILED

2024 AUG 30 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J FLORES TRANSPORTATION, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 120000230783

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOHANA ACOSTA ALONSO  
Name of Person

J FLORES TRANSPORTATION, LLC  
Name of Firm/Company

1913 SYRACUSE CIRCLE  
Address

ORLANDO  
City/State and Zip Code

SAMYSABRINA79@a GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOHANA ACOSTA ALONSO at (407) 373-4656  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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 provisions of section 605.0115, Florida Statutes, the undersigned,

JOSE R FLORES \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for J FLORES TRANSPORTATION LLC \_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

120000230783 \_\_\_\_\_

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Jose R Flores \_\_\_\_\_

\_\_\_\_\_  
Typed or Printed Name

owner \_\_\_\_\_

\_\_\_\_\_  
Capacity

FILED  
2024 AUG 30 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

## **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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J FLORES TRANSPORTATION, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000230783

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOHANA ACOSTA ALONSO

Name of Person

J FLORES TRANSPORTATION, LLC

Name of Firm/Company

1913 SYRACUSE CIRCLE

Address

ORLANDO

City/State and Zip Code

SAMYSABRINA79@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOHANA ACOSTA ALONSO

Name of Person

at ( 407 )

373-4656

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

**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 provisions of section 605.0115, Florida Statutes, the undersigned,

JOSE R FLORES

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for J FLORES TRANSPORTATION LLC

\_\_\_\_\_  
Name of Limited Liability Company

L20000230783

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Jose R Flores

\_\_\_\_\_  
Typed or Printed Name

owner

\_\_\_\_\_  
Capacity

## **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