# L20000333699

(Requ	estor's Name)	
(Addre	ess)	
,	·	
(Addre	:55)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/Rusin	ess Entity Nar	na)
(Dusiii	ess Entity Mai	ne)
(Docu	ment Number)	· <u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900420519479

12/22/23--01024--019 \*\*25.00

20/31 £ 22 F112: 23

### **COVER LETTER**

• TO: Registration Section Division of Corporations

$_{ m subject:\_}$ Christine Express Transpo	ortation LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000233699	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are 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	
City/State and Zip Code	•
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 605.0115, Florida Statutes, the undersi	gned.	
United States Corporation Agents, Inc.  Name of Registered Agent		_ , hereby resigns as	
	Name of Limited Liability Company	,	
L20000233699			
Document Number, if k	nown		
A copy of this resignation was n	nailed to the above listed limited liability co	mpany at its last known address.	
The agency is terminated and the	office discontinued on the 31st day after the	ne date on which this statement is filed.	
	Signature of Resigning Agent	2023 !	
If signing on behalf of an entity:		<u>: :</u>	
Chey	enne Moseley	22	
	Typed or Printed Name	ts, Inc.	
Asst. S	ecretary for United States Corporation Agen	ts, Inc.	
	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