# L20000243761

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
Renel Transport LL.C SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000243761	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Sarah Balen	
Name of Person	
MyCompanyWorks, Inc.	
Name of Firm/Company	
187 E. Warm Springs Rd., Suite B	
Address	
Las Vegas, NV 89119	
City/State and Zip Code	-
orders@mycompanyworks.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Sarah Balen 702 at (	362-2677 ) Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registered Agent Sc	lutions, Inc.	haraby racions as
	Name of Registered Agent	hereby resigns as
Registered Agent for	or Renel Transport LLC	
	Name of Limited Liability Company	·
L20000243761		
Docum	ent Number, if known	
	ent Number, if known gnation was mailed to the above listed limited liabil	lity company at its last known address.
A copy of this resig		
A copy of this resig	gnation was mailed to the above listed limited liabil	
A copy of this resig	gnation was mailed to the above listed limited liabilinated and the office discontinued on the 31st day a	after the date on which this statement is filed
Λ copy of this resig	gnation was mailed to the above listed limited liabilizated and the office discontinued on the 31st day a state of Jennifer Peters  Signature of Resigning Age	after the date on which this statement is filed
A copy of this resignments agency is term	gnation was mailed to the above listed limited liabilizated and the office discontinued on the 31st day a state of Jennifer Peters  Signature of Resigning Age	after the date on which this statement is filed
A copy of this resignments agency is term	gnation was mailed to the above listed limited liabilizated and the office discontinued on the 31st day a  /s/ Jennifer Peters  Signature of Resigning Age F of an entity:	after the date on which this statement is filed
A copy of this resignment of the agency is term	inated and the office discontinued on the 31st day a  /s/ Jennifer Peters  Signature of Resigning Age F of an entity:  Jennifer Peters	after the date on which this statement is filed

Make checks payable to Florida Department of State and mail to: Division of Corporations

### FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314