# L20000271583

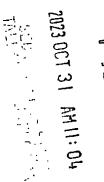
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Glen Rice Transport LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000271583	<u> </u>
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 th	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115, Florida Statutes, the undersi	gned,
United States Corporation Agents, Inc.		nereby resigns as
	Name of Registered Agent	icredy resigns as
Registered Agent for	Glen Rice Transport LLC	
	Name of Limited Liability Company	
L20000271583		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability co	mpany at its last known address.
The agency is termina	sted and the office discontinued on the 31st day after the Signature of Resigning Agent	he date on which this statement is filed.
If signing on behalf of	f an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	e
	Asst. Secretary for United States Corporation Agen	ts, Inc.
	Capacity	<del></del>

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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