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SECRETARY OF STATE
TALL A HASSES TATE

O Shannor.

COVER LETTER

SUBJECT: National Cargo Services, LLC Name of Limited Liability	v Company
DOCUMENT NUMBER: L20000287702	Company
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Ed Tsuji	
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:	
Jennifer Peters at (702 Name of Person Area Code	362-2677
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmer liability company or \$25.00 for an administratively dissolve liability company.	at of State for \$85.00 for an active limited ed. voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

STREET ADDRESS:
Registration Section

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 provisi-	ons of section 605.0115, Florida Statutes,	the undersigned,	. 21
MyCompanyWorks, Inc.		, hereby resigns as	SEC TA
	Name of Registered Agent	, nereby resigns as	京夏
Registered Agent for _	National Cargo Services, LLC		2021 NOV 29 AM 6: 29 SECHETARY OF STATEMENT
			SSE - 1
	Name of Limited Liability Company	y	6: 2: 5:12
L20000287702			· 📆 🛈
Document N	Sumber, if known		
The agency is terminat It signing on behalf of	ed and the office discontinued on the 31st Mare Mare Signature of Resigning an entity:		this statement is filed.
	Matthew Knee		
	Typed or Printed Name		
	President		
	Capacity		
	FILING FEES: \$ 85.00 Active limited lie \$ 25.00 Administratively withdrawn limit	ability company dissolved/voluntarily dissolved liability company	olved/

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