120000325009

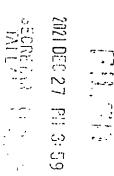
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| PICK-UP | ☐ WAIT | MAIL. |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| or corporations |
| SUBJECT: Cummings Transport Solutions LLC |
| Name of Limited Liability Company |
| DOCUMENT NUMBER: L20000325009 |
| 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: |
| 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: |
| Name of Person at (800) 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision | ons of section 605.0115, Florida Statute | es, the undersigned, | | | |
|--|--|---|---------------|-------------|----------|
| United States Corp | horahy rasiann | hereby resigns as | | | |
| | Hereby resigns a | | | | |
| Registered Agent for _ | Cummings Transport Solutions | LLC | | | _ |
| | Name of Control Colors | | | | _, |
| | Name of Limited Liability Comp | any | | | |
| L20000325009 | | | | | |
| Document N | umber, if known | | | | |
| A copy of this resignati | on was mailed to the above listed limit | ed liability company at its las | st known a | .ddress. | |
| The agency is terminate | d and the office discontinued on the 3 | Ist day after the date on whic | :h this state | ement i | s filed. |
| | Signature of Resig | ning Agent | | | |
| If signing on behalf of an entity: | | | NO. S | 2021 DEC 27 | |
| Cheyenne Moseley | | | TT TT |)EC | |
| | Typed or Printed Nam | e | | 27 | - 22.0 |
| Asst. Secretary for United States Corporation Agents, Inc. | | poration Agents, Inc. | • • • • | | |
| | Capacity | | . 12 | PH 3: 5 | |
| | | | | 9 | |
| | FILING FEES: \$ 85.00 Active limited \$ 25.00 Administrative withdrawn lin | liability company ly dissolved/ voluntarily dis nited liability company | solved/ | | |

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