# . [3000032535]

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### **COVER LETTER**

▲TO: Registration Section Division of Corporations

SUBJECT: DAB FAMILY TRUCKING LLC. Name of Limited Liability	Company
DOCUMENT NUMBER: <u>1,20000328338</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 the	e following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844 at (	386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provision	is of section 605.0115. Florida Statutes, the unc	lersigned.	
Legaline Corporate Servi	ces, INC.	, hereby resigns as	
Name of Registered Agent			
Registered Agent for D	AB FAMILY TRUCKING LLC		_
	Name of Limited Liability Company		_•
L 20000328338 Document Nu	mber, if known		
A copy of this resignation	on was mailed to the above listed limited liabilit	y company at its last known address.	
The agency is terminated	d and the office discontinued on the 31st day aff	er the date on which this statement is	filed.
If signing on behalf of a	Signature of Resigning Agen		
	Zachary Mathewson	$\mathcal{G}^{\tau}$	वधः इ स्टब्स
	Typed or Printed Name On Behalf of Legaline Corporate Services, INC.	SEE F	
	Capacity		

FILING FEES:

S 85.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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