# h21000135716

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(OK) Otale: Zipi Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filtre Office
Special Instructions to Filing Officer:

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2021 DEC 27 PM to 03

### **COVER LETTER**

TO: Registration Section Division of Corporations	
Bivision of Corporations	
SUBJECT: Asphalt Warriors LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L21000135716	
The enclosed Resignation of Registered Agent for a Limited Liability Cofor filing.	ompany and fee are submitted
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 To	
Name of Person Area Code Daytime Te	elephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ns of section 605.0115, Florida Statu	ites, the undersigned,		
United States Corporation Agents, Inc.		hereby resigns	_ , hereby resigns as	
	Name of Registered Agent	, nereby resigns	, as	
Registered Agent for A	sphalt Warriors LLC			
	Name of Limited Liability Con	apany		.,
L21000135716				
Document N	ımber, if known			
A copy of this resignation	on was mailed to the above listed lim	ited liability company at its l	last known address.	
The agency is terminate	d and the office discontinued on the	31st day after the date on wh	sich this statement is	s filed.
	<i>W</i>	1	: 2	
	Signature of Res	igning Agent	2021 DEC 27 	
If signing on behalf of a	n entity;		1.1.0 0.1.0	- ]
	Cheyenne Moseley		27	. ب
	Typed or Printed Na	ime	,	
	Asst. Secretary for United States Co	prporation Agents, Inc.		
	Capacity		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	الد رجي

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

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withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

> Division of Corporations P.O. Box 6327 Tallahassee, FL 32314