

(Requestor's Name)
(Address)
(Address)
(
(Cib. (Chab. Tim (Chang 4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Q. SILAS
7.1.2022
Com I I NOLL





05/18/22--01005--011 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Granger Cattle Company LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L21000182787	
The enclosed Resignation of Registered Agent for a Limited Liability Compa for filing.	ny 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 Telepho	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provisio	ns of section 605.0115, Florida Stat	utes, the undersigned,	
United States Corp	Inited States Corporation Agents, Inc, hereby resigns as		ens as
Name of Registered Agent		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for	ranger Cattle Company LLC		
	Name of Limited Liability Co	mpany	·
L21000182787			
Document Nu	ımber, if known		
A copy of this resignation	on was mailed to the above listed lin	nited liability company at it	s last known address.
The agency is terminate	d and the office discontinued on the	31st day after the date on v	which this statement is filed.
	Signature of Ro	esigning Agent	
If signing on behalf of a	n entity:		
	Cheyenne Moseley		
	Typed or Printed N	lame	
	Asst. Secretary for United States (Corporation Agents, Inc.	
	Capacity		

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 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