## L31000338339

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SECSULARY OF STATE

## **COVER LETTER**

SUBJECT:	Name of Limited Liability	Company
DOCUMENT NUMBER: 1.21000	0228339	
The enclosed Resignation of Regi for filing.	stered Agent for a Limited	d Liability Company and fee are submitted
Please return all correspondence of	concerning this matter to t	he following:
Cory Betts		
Name of Per	rson	-
ZenBusiness Inc.		
Name of Firm/C	ompany	-
336 E. College Ave., Suite 301		
Address		-
Tallahassee, FL 32301		
City/State and Z	ip Code	-
ra@zenbusiness.com		
E-mail address: (to be used for futu	re annual report notification)	-
For further information concerning	g this matter, please call:	
Cory Betts	841 at (	493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

**Street Address:** 

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INH\$17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605,0115, Flo	orida Statutes, the undersign	ed,
ZenBusiness Inc.		. he	reby resigns as
	Name of Registered Agent		,
Registered Agent for	MG Trucks Runner Services I	J.C	
	Name of Limited 1	.iability Company	· · · · · · · · · · · · · · · · · · ·
L21000228339			
Document	Number, if known		
A copy of this resigna	ition was mailed to the above	e listed limited liability com	pany at its last known address.
The agency is termina	ited and the office discontinu	ned on the 31st day after the sature of Resigning Agent	date on which this statement is filed.
If signing on behalf of	f an entity:		
	ZenBusiness Inc. by Khad	ijeh Hemmati	
	Typed	or Printed Name	<del></del>
	Secretary		
	Ci	pacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)