L21000237199

(Requestor's Name)
(Address)
(Address)
(7.001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submood Link, Home)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



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07/17/23--01019--014 **85.00

2023 JUL 17 PM 3: 14

COVER LETTER

Division of Corporations SUBJECT: Blackknight Express LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000237799 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

Registration Section

TO:

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

Daytime Telephone Number

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011	15, Florida Statutes, the under	signed,		
Name of Registered Agent			, hereby resigns as		
			, notedy resigns to		
Registered Agent for _	Blackknight Expres	ss LLC			_
					_,
	Name of Lin	nited Liability Company			
L21000237799					
Document ?	Number, if known				
A copy of this resignat	ion was mailed to the	above listed limited liability o	company at its last kno	own address	
The agency is terminat	ed and the office disco	ontinued on the 31st day after	the date on which thi	s statement	is filed.
		2			
		ClU			
		Signature of Resigning Agent			
If signing on behalf of	an entity:				
	Cheyenne Mose	eley			
	7	Typed or Printed Name	=======================================	. 2	
	Asst. Secretary for I	United States Corporation Age	ints, Inc.	23	
		Capacity	<u> </u>	2023 JUL 17	1
				. 17	
			ר ר	fi≺ To	; [7]
	<u>FILING</u> \$ 85.00	FEES: Active limited liability cor	many !	PA 3:	
	\$ 25.00	Administratively dissolved withdrawn limited liabilit	d/ voluntarily dissolv	3: 3: E	_

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