# h21000246923

(Re	questor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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AUG 3 1 2022 S. PRATHER





2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

### REFERENCE # MUST BE ON INVOICE TO BE PAID

Date: June 06, 2022

AE:

Cori Ann Crosthwaite

Vendor # 1960

1300

IEmail:

ccrosthwaite@myparacorp.com

TO: Florida Department of State
Division of Corporations PO Box 6327

Ref Number:

1796097

Tallahassee, FL 32314

Return Shipping:

FAX:

850-687-6381

EMAIL:

NAME:

**ANDERSON XPRESS LLC** 

#### FILE REGISTERED AGENT RESIGNATION

State

FL

#### PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

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

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the under	rsigned,	
ROCKET LAWYER CORPORATE SERVICES LLC		, hereby resigns as		
Name of Registered Agent			,	
Registered Agent for _	Anderson xpress LI	.C		
	Name of Lin	nited Liability Company		·
L21000246923				
Document N	lumber, if known			
A copy of this resignati	ion was mailed to the a	above listed limited liability	company at its last kno	wn address.
The agency is terminate	ed and the office disco	ntinued on the 31st day after	r the date on which this	statement is filed
	Edna W	Signature of Resigning Agent		
If signing on behalf of	an entity:			
	EDNA PERRY			
	Т	yped or Printed Name		<u> </u>
	Asst. Secretary Rocke	et Lawyer Corporate Services	LLC	202 A.L.
		Capacity	4	2022 JUN 13
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dissolventy ty company	

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