Laroo arabaldo

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
J. HORNE JUL - 1 2024

Office Use Only



400430582924

05/38.01 -01014--025 **25.98

2024 M.C. 20 F.C. 3: 53

COVER LETTER

Registration Section Division of Corporations SUBJECT: Rail Transit Leadership Solutions LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000260266 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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

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

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Sta	atutes, the undersigned,
United States Corporation Agents, Inc.	
Name of Registered Agent	, hereby resigns as
Registered Agent for Rail Transit Leadership Solution	ions LLC
	5. · · · ·
Name of Limited Liability C	ompany
L21000260266	
Document Number, if known	Ų
A copy of this resignation was mailed to the above listed li	imited liability company at its last known address.
The agency is terminated and the office discontinued on th	e 31st day after the date on which this statement is filed.
<i>Cus</i>	esigning Agent
If signing on behalf of an entity:	
Cheyenne Moseley	
Typed or Printed	Name
Asst. Secretary for United States	Corporation Agents, Inc.
Capacity	

FILING FEES: \$ 85.00 Active \$ 25.00 Admir Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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