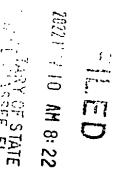
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100397484381

EIVE NOV 1 0 2022



COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
TURBO SWFL TRANSPORT L	IMITED LIABILITY C	OMPANY
Nam	e of Limited Liability	Company
DOCUMENT NUMBER: L21000272210	5	
The enclosed Resignation of Registered for filing.	Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to th	ne following:
Chelsea Chapman		
Name of Person		
Legaline Corporate Services, INC.		
Name of Firm/Compan	y	
10601 Clarence Dr Ste 250		
Address		
Frisco, TX 75033-3867		
City/State and Zip Cod	ϵ	
ra@legalinc.com		
E-mail address: (to be used for future annu	ial report notification)	
For further information concerning this	matter, please call:	
Chelsea Chapman	844 at (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Street Address:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.01	Florida Statutes, the un-	dersigned,			
Legaline Corporate Services, INC.						
	Name of Registered Ag	ent				
Registered Agent for	URBO SWFL TRANS	SPORT LIMITED LIABILIT	Y COMPANY			
	Name of Liv	mited Liability Company			·	
	Name of the	mined that may company				
L21000272216						
Document Nu	ımber, if known					
A copy of this resignation	on was mailed to the	above listed limited liabilit	ty company at its last kno	own addi	ress.	
The agency is terminated	d and the office disco	ontinued on the 31st day af	ter the date on which this	s stateme	ent is fi	i le d.
	Chibe	Signature of Resigning Agen	(111)			
If signing on behalf of a	n entity:			,	26	
	Chelsea Chapman			S. A	2027 F.	
	•	Typed or Printed Name			٠.	٠. د د
	On Behalf of Legalin	ne Corporate Services, INC.		>3	0	1
		Capacity		公立	AH	
	FILING © \$ 85.00 © \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily dissolve ility company	STATE	1 8: 22	O

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