## L21 000 294 903

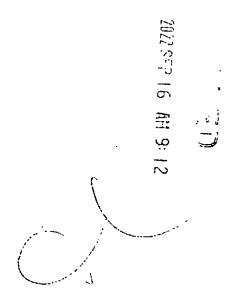
(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
<b>.</b>				

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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

<sub>subject:</sub> Flocking Freight Ll	_C		
Name of Li	mited Liability	Company	_
DOCUMENT NUMBER: L21000294903			_
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee a	re submitted
Please return all correspondence concerning th	is matter to th	e 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	rt notification)		
For further information concerning this matter	, please call:		
ŗ	800 at (	773-0888	2027
Name of Person	Area Code	Daytime Telephone Number	2022 SEP
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrationability company.	da Departmen ively dissolve	t of State for \$85.00 for an ac d, voluntarily dissolved or wi	thdrawn limited
		:	<u>پ</u> ۔
MAILING ADDRESS:	STREE	ET ADDRESS:	~
Registration Section	_	ation Section	
Division of Corporations		n of Corporations	
P.O. Box 6327		Building	
Tallahassee, FL 32314	2661 E	xecutive Center Circle	

Tallahassee, FL 32301

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

Pursuant to the provisions	s of section 605.011:	5. Florida Statutes, the undersi	gned,		
United States Corporation Agents, Inc.  Name of Registered Agent		C.	hereby resigns as		
		nt			
Registered Agent for Flo	ocking Freight LL	C			_
	Name of Lim	ited Liability Company			_•
L21000294903					
Document Nun	nber, if known				
A copy of this resignation	was mailed to the a	bove listed limited liability co	mpany at its last known :	address.	
		ntinued on the 31st day after th			
-		Signature of Resigning Agent	<del></del>		
If signing on behalf of an	entity:			~	
Cheyenne Moseley			2022 Sub		
-	Ty	ped or Printed Name		St. b	
, -	Asst. Secretary for U	nited States Corporation Agent	ts, Inc.	6	
		Capacity		A H	
				<u>≕</u>	
	FILING : \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability	pany voluntarily dissolved/ company	: 12	

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