# L210002997295

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2022 1. ( 14 AM ID: 41

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	CT:  Name of Limited Liability Company	
DOCU	MENT NUMBER: L21000297295	
The er for fili	losed Resignation of Registered Agent for a Limited Liability Company and fee are subrg.	nitt
Please	eturn all correspondence concerning this matter to the following:	
Chelse	Chapman	
	Name of Person	
Legalir	Corporate Services, INC.	
	Name of Firm/Company	
10601	larence Dr Ste 250	
	Address	
Frisco.	X 75033-3867	
	City/State and Zip Code	
ra@leg	inc.com	
E-	nail address: (to be used for future annual report notification)	
For fu	her information concerning this matter, please call:	
Chelse	Name of Person Area Code Daytime Telephone Number	
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the und	ersigned,	
Legaline Corporate Service	_ , hereby resigns as			
<u> </u>	Name of Registered Age	ent	_ , , ,	
Registered Agent for	PERIAL TRUCKING	FLEET LLC		
	Name of Lin	nited Liability Company		
L21000297295				
Document Nu	ımber, if known			
		above listed limited liability ontinued on the 31st day after		
The agency is terminated		Signature of Resigning Agenty	4 prom	materien 13 1
If signing on behalf of a	n entity:			. 53
	Chelsea Chapman			7
	7	Typed or Printed Name		
	On Behalf of Legalin	nc Corporate Services, INC.		
		Capacity		
	FILING © \$ 85.00 © \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabi	ompany ved/ voluntarily dissolved lity company	AMID: 41 SEE, FL

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