L21 000303522

(Reque	estor's Name)			
(Address)				
(Addre	ss)			
(City/S	tate/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Busine	ess Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800394327138

09/19/22--01022--017 **25.00

22 SEP 19 PH 2: 50

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Samaritano Transport Name of Limited L	LLC lability Company
DOCUMENT NUMBER: L21000303522	
The enclosed Resignation of Registered Agent for a L for filing.	imited Liability Company and fee are submitted
Please return all correspondence concerning this matter	er to the following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	22 SEP
Address	
Austin, TX 78717	19 1
City/State and Zip Code	
raresignations@legalzoom.com	2: 5 <u>C</u>
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please	call:
800 at ()
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115	i, Florida Statutes, the undersi	gned,	
United States Corpo	oration Agents, In	c h	nereby resigns as	
Name of Registered Agent		t	(nereby resigns as	
Registered Agent for Sa	maritano Transp	ort LLC		
				,
	Name of Lim	ited Liability Company		
L21000303522				
Document Nut	mber, if known			
A copy of this resignation	n was mailed to the a	bove listed limited liability co	ompany at its last known a	address.
The agency is terminated	I and the office discor	ntinued on the 31st day after t	he date on which this stat	ement is filed.
		au		
		Signature of Resigning Agent		
If signing on behalf of ar	n entity:			22
	Cheyenne Mose	ley		\$ 73 8
		yped or Printed Name		19
Asst. Secretary for United States Corporation Agents, In		nts, Inc.	C	
		Capacity		HA S
				2: 50
	FILING	FEES:		7-
	\$ 85.00 \$ 25.00	Active limited liability com Administratively dissolved, withdrawn limited liability	ipany / voluntarily dissolved/ · company	

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