121000313094

_						
_						
(Document Number)						
Special Instructions to Filing Officer:						
,						
1						

Office Use Only

A. RIVERS NOV 1 6 2021



300375809223

11/01/21--01020--028 **25.00

COVER LETTER

TO: Regis	stration Section sion of Corporations		,	
••••			•	
SER IFCT.	Kar-Ski Trucking, LLC		•	
SOBJECT	Name of Limi	ted Liability	Company	
DOCUMEN	VT NUMBER: L21000313094			
The enclosed for filing.	I Resignation of Registered Agent fo	or a Limited	Liability Company and fee are submitted	
Please return	all correspondence concerning this	matter to th	e following:	
United Stat	les Corporation Agents, Inc.			
	Name of Person			
Legalzoom	i.com, Inc.			
	Name of Firm/Company			
9900 Spec				
	Address			
Austin, TX				
	City/State and Zip Code	, <u> </u>		
raresignati	ons@legalzoom.com			
E-mail ac	ldress; (to be used for future annual report)	notification)		
For further i	nformation concerning this matter, p	olease call:		
	21	, 800	773-0888) Daytime Telephone Number	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed is liability con liability con	ipany or \$25.00 for an administrativ	Department ety dissolve	t of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited	
MAILING	ADDRESS:	STREI	ET ADDRESS:	
Registration	Section	Registration Section		
	Corporations	Division of Corporations		
P.O. Box 63	√6327 Clifton Building			

2661 Executive Center Circle Fallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	on 605,0115.	Florida Statutes, the unders	igned,	
United States Corporation A	Agents, Inc). 	hereby resigns as	
Name of Re	egistered Agent			
Registered Agent for Kar-Ski Tr	rucking, LL	C		
	Name of Limit	ed Liability Company		·
L21000313094				
Document Number, if kno	WII			
A copy of this resignation was ma	illed to the af	pove listed limited liability co	ompany at its last know	vn address.
The agency is terminated and the c	office discon	tinued on the 31st day after t	the date on which this:	statement is filed
		Stemature of Resigning Agent		
If signing on behalf of an entity:				
	nne Mosel	€у		
Asst Sec		ped or Printed Name inted States Corporation Agei	nts, Inc.	
	· • · • •	Capacity		\\ \frac{1}{2}
	F11.1NG) \$ 85.00 \$ 25.00	FEFS: Active limited liability con Administratively dissolved withdrawn limited liability	npany i/ voluntarily dissolved v company	P11 1: 05

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