121000335006

(Requestor's Name)			
(Address)			
(Address)			
(was a second			
(2) (3)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Q. SILAS			
_{ялти} 2 2021			

Office Use Only



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SECRETABLE CLUSTER
SECRETABLE CLUSTER

Company Compan

COVER LETTER

	ed Liability Company
DOCUMENT NUMBER: L21000335006	
The enclosed Resignation of Registered Agent for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this n	matter to the 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 no	illication)
For further information concerning this matter, ple	ease call:
. y (Nren Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number

MAILING ADDRESS:

liability company.

TO: Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taflahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY QQMQANYHI2: 56

SECRETARY OF STATE

Pursuant to the provision	as of section 605,0115. Florida Sta	tutes, the undersigned,
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for $\frac{H_0}{H_0}$	aul Express LLC	
	Name of Limited Liability Co	mpany
L21000335006		
Document Nu	mber, if known	
A copy of this resignation	on was mailed to the above listed li	mited liability company at its last known address.
The agency is terminated	d and the office discontinued on th	e 31st day after the date on which this statement is filed.
	Nignature of R	tesigning Agent
If signing on behalf of a	n entity:	
	Cheyenne Moseley	
	Exped or Printed	Name
	Asst. Secretary for United States	Corporation Agents, Inc.
	Capacity	

FILING FEES:

\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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