

L21 000 339 223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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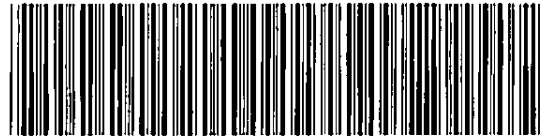
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PXT TRANSPORT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000339223

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CYNTHIA ALEXANDER

Name of Person

PXT TRANSPORT LLC

Name of Firm/Company

7540 W MCNAB BLVD, BAY E13

Address

NORTH LAUDERDALE, FL 33068

City/State and Zip Code

cynthia@cynanotary.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA ALEXANDER

954

464-7253

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2024 MAR 18 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CYNTHIA ALEXANDER

, hereby resigns as

Name of Registered Agent

Registered Agent for PXT TRANSPORT LLC

Name of Limited Liability Company

1.21000339223

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Cynthia Alexander
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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JAN 18 PM 2:47
CLERK OF STATE
TALLAHASSEE, FL

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