L21000347165

(Requestor's Name)	
(Address)	
(1.001033)	
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Prione #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	_
Continue Continue of Continue	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	٦
Special instructions to Filing Officer.	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Humble Hauling LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000347165	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 notification)	
For further information concerning this matter, please call:	
800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115.	Florida Statutes, the undersi	gned.	
United States Corp	oration Agents, Inc	·	ereby resigns as	
	Name of Registered Agent		*****, ****, g//2 112	
Registered Agent for H	umble Hauling LLC	·		_
	Name of Limite	ed Liability Company		- ,
L21000347165				
Document Nu	imber, if known	_		
A copy of this resignation	on was mailed to the ab	ove listed limited liability co	mpany at its last known address	٠.
The agency is terminate	d and the office discont	inued on the 31st day after th	ne date on which this statement i	is filed.
		Signature of Resigning Agent		
If signing on behalf of a	n entity:		20	
	Cheyenne Mosele	² y	2023 PCT 3 -	
	Тур	ed or Printed Name		
Asst. Secretary for United States Corporation Agents, Inc.		.s, Inc. $\frac{\omega}{\cdot -}$		
		Сарасіту		
	<u>FILING F</u> \$ 85.00	<u>EES:</u> Active limited liability com		
	\$ 25.00	Active limited liability com Administratively dissolved/ withdrawn limited liability	voluntarily dissolved/ company	

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