L21000349159

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Ra Rosignation

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 4 Pumps RV Storage & Transportation Rentals LLC Name of Limited Liability Company	
DOCUMENTE 121000349189	
The enclosed Resignation of Registered Agent for a Limited Liability Corfor filing.	
Please return all correspondence concerning this 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	202
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	. , —.:
Name of Person at (800 773-0888 Area Code Daytime Tele	
Name of Person Area Code Daytime Tele	phone Number
Enclosed is a check made payable to the Florida Department of State for \$ liability company or \$25.00 for an administratively dissolved, voluntarily 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 provisions of	of section 605.0115. Florida Statutes, the undersig	gned,			
United States Corpora	ation Agents, Inc.	ereby resigns as			
Na	me of Registered Agent	redy resigns as			
Registered Agent for 4 Pu	mps RV Storage & Transportation Renta	als LLC		_	
	Name of Limited Liability Company			<u> </u>	
L21000349189					
Document Numbe	r, if known				
	was mailed to the above listed limited liability con and the office discontinued on the 31st day after the				·d
	au				
	Signature of Resigning Agent			253	
lf signing on behalf of an er	ntity:				• • -]
C	heyenne Moseley		•	 	•
	Typed or Printed Name				!
As	st. Secretary for United States Corporation Agents	s, Inc.		<u>:</u> :	بر ر
	Capacity			1.2	

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

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company