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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	TIAW	MAIL
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: LJG Logistics LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000358987	
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	e 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:	
Name of Person at (773-0888
Many of Parson 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Tallahassec, 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 provisi	ons of section 605.0115. Florida Statutes, the unders	signed,	
United States Corporation Agents, Inc. , hereby Name of Registered Agent , hereby		haraby racions as	
		_ , hereby resigns as	
Registered Agent for _	JG Logistics LLC		
	Name of Limited Liability Company		 ,
L21000358987			
Document N	lumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known ac	ldress.
The agency is terminat	ed and the office discontinued on the 31st day after	the date on which this state	ment is filed.
	Signature of Resigning Agent	TALLA	F 1 L 2029 SEP 15
If signing on behalf of	an entity:	HAS	品 山
	Cheyenne Moseley		
	Typed or Printed Name		E In
	Asst. Secretary for United States Corporation Age	nts, Inc.	20 20 20 20 20 20 20 20 20 20 20 20 20 2
	Capacity	—— IDA	ဍ

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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