LW000364594

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(Address)		
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PICK-UP WAIT MAIL		
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70039762813 11/14/22--01011--002 **

See State

COVER LETTER

SUBJECT: Name of Limited	Liability Company
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitte
Please return all correspondence concerning this ma	tter to the following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, plea	se call:
Chelsea Chapman 84-	386-0178) ea Code Daytime Telephone Number
Name of Person Ar	ea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	115. Florida Statutes, the under	signed.
Legaline Corporate Services, INC.		, hereby resigns as
Name of Registered a	Agent	, nordey reesigne to
Registered Agent for <u>UTC TRUCKINC</u>	LLÇ	
Name of	Limited Liability Company	
1.21000364594		
Document Number, if known		
A copy of this resignation was mailed to the	ne above listed limited liability o	company at its last known address.
The agency is terminated and the office dis	scontinued on the 31st day after	the date on which this statement is
	Juch Waltersens Signature of Resigning Agent	
If signing on behalf of an entity:		ر <u>،</u>
	Zachary Mathewson	DEZZ KON ILL AM IO: 16
	Typed or Printed Name	
On Behalf of Lega	aline Corporate Services, INC.	
	Capacity	
		ET O
E11 18	NG FEES:	FA
• \$85.0		
O \$ 25.0		ed/voluntarily dissolved/

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