121000365564

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



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A. RIVERS MAR - 8 2023

COVER LETTER

| TO: Registration Section Division of Corporations | | | • | • | |
|--|--------------|-------------|----------------|--------------------|-------------|
| SUBJECT: BLESSED LIFE LOGISTICS LLC | 2 | | | | |
| Name | of Limite | ed Liabilit | y Company | | |
| DOCUMENT NUMBER: L21000365564 | | | | | |
| The enclosed Resignation of Registered A for filing. | Agent for | · a Limite | d Liability | Company and fee ar | e submitted |
| Please return all correspondence concerni | ing this r | natter to | the followin | ig: | |
| Brittney Fulghum | | | | | |
| Name of Person | | | _ | | |
| LegalCorp Solutions LLC | | | | | |
| Name of Firm/Company | | | _ | | |
| 3 Greenway Plaza Ste 1320 | | | | | |
| Address | | | _ | | |
| Houston, TX 77046 | | | | | |
| City/State and Zip Code | | | _ | | |
| blessedlifelogistics@gmail.com | | | | | |
| E-mail address: (to be used for future annua | .l report no | titication) | _ | | |
| For further information concerning this n | natter, ple | ease call: | | | |
| Brittney Fulghum | | 388 | 534-3018 _) | Telephone Number | |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provis | sions of section 605.011 | 5, Florida Statutes, the unde | ersigned, | | | |
|-------------------------|--------------------------------|--|--|---------------|-------------|--------------------|
| LegalCorp Solutions LLC | | _ , hereby resigns as | | | | |
| | Name of Registered Age | | , | | | |
| Registered Agent for | BLESSED LIFE LOGIS | TICS LLC | | | | |
| | | | | | | |
| | Name of Lin | nited Liability Company | | | | |
| L21000365564 | | | | | | |
| Document | Number, if known | | | | | |
| | | above listed limited liability ontinued on the 31st day after Signature of Resigning Agent | er the date on which | | | filed. |
| If signing on behalf o | f an entity: | | | | | |
| | Travis Crabtree | | | 1-1 | 2022 | |
| | T Member | Typed or Printed Name | | | 5 C | |
| | | Capacity | | 1 | 8 PH | [7] F = |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability of Administratively dissolve withdrawn limited liabi | company /ed/ voluntarily diss lity company | 5; solved/ | 2: 51 | |

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