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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	Office Use Only	ma



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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Ron's Ro	adway Services	LLC			
	Name of Limited Liability	Company			
DOCUMENT NUMBER:	21000404815				
The enclosed Resignation of for filing.	Registered Agent for a Limited	Liability Company and fee are	submitted		
Please return all corresponde	nce concerning this matter to th	ne following:			
United States Corporation	Agents, Inc.				
Name	of Person	•			
Legalzoom.com, Inc.					
Name of F	rm/Company				
9900 Spectrum Dr.			22 (		
Ad	dress	•	22 OCT 13		
Austin, TX 78717			$-\omega$		
City/State	and Zip Code	•	<b>≥</b>		
raresignations@legalzoor	n.com		တ္က 🕌		
E-mail address: (to be used for	or future annual report notification)		20		
For further information conc	erning this matter, please call:				
'	800	773-0888			
Name of Perso	n Area Code	Daytime Telephone Number			
Enclosed is a check made parliability company or \$25.00 fliability company.	yable to the Florida Departmen for an administratively dissolve	t of State for \$85.00 for an activ d. voluntarily dissolved or witho	e limited Irawn limited		
MAILING ADDRESS: Registration Section		ET ADDRESS:			
Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 605.0115	5, Florida Statutes, the	e undersigned,		
United States Corporation	Agents, Inc. hereby resigns as				
	Registered Agen		, nereby resigns as		
Registered Agent for Ron's R	padway Se	rvices LLC			
		-			
	Name of Lim	ited Liability Company			.•
L21000404815					
Document Number, if k	มดหม	<del></del>			
A copy of this resignation was n	nailed to the a	bove listed limited lia	ability company at its last know	vn address.	
The agency is terminated and th	e office disco	ntinued on the 31st da	y after the date on which this s	statement is	s filed.
		Signature of Resigning			
If signing on behalf of an entity:		Signature of Resigning /	regent		
Chey	l enne Mose	ley			
	Ty	yped or Printed Name			
Asst. S	ecretary for U	Inited States Corporat	ion Agents, Inc.	22	
		Capacity		OCT	
				13	P KOPA
	FILING \$ 85.00 \$ 25.00	Active limited liabi	issolved/ voluntarily dissolved	22 OCT 13 AM 8: 51	

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

INHS17 (2/14)