La1000484465

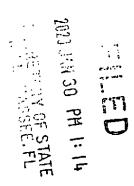
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| PICK-UP WAIT | MAIL | |
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| (Business Entity Nam | e) | |
| | | |
| (Document Number) | | |
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| | | |
| Certified Copies Certificates | of Status | |
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| Special Instructions to Filing Officer: | | |
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01/30/23--01021--011 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Blue Kash Trucking | LLC | |
|---|-----------------------------|---|
| Name of Limi | ted Liability | Company |
| DOCUMENT NUMBER: L21000484465 | | ···· |
| The enclosed Resignation of Registered Agent for filing. | or a Limited | Liability Company and fee are submitted |
| Please return all correspondence concerning this | matter to th | 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 to | iotification) | |
| For further information concerning this matter, p | lease call: | |
| ot / | , 800 | 773-0888 |
| Name of Person | Area Code | 773-0888) |
| Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company. | Department ely dissolved | t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited |

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 provision | ns of section 605.0115, Florida Statutes, the unde | ersigned, |
|--|--|---|
| United States Corporation Agents, Inc. | | , hereby resigns as |
| | Name of Registered Agent | |
| Registered Agent for B | lue Kash Trucking LLC | |
| | Name of Limited Liability Company | , |
| L21000484465 | | |
| Document No | umber, if known | |
| A copy of this resignation | on was mailed to the above listed limited liability | company at its last known address. |
| The agency is terminate | ed and the office discontinued on the 31st day after | er the date on which this statement is filed. |
| | Signature of Resigning Agent | 2023 JAN 30 |
| If signing on behalf of a | an entity: | ASSER D |
| | Cheyenne Moseley | F S F S |
| | Typed or Printed Name | |
| | Asst. Secretary for United States Corporation A | gents, Inc. |
| | Capacity | |

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