

K21 000511714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

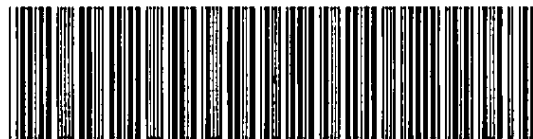
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Logistics Contact LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000511719

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William McCoy  
Name of Person

Logistics Contact LLC  
Name of Firm/Company

3201 NW 126 Terrace  
Address

Sunrise FL 33323  
City/State and Zip Code

rjmmdt@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William McCoy at (954) 563-9004  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Eleanor Millwood

, hereby resigns as

Name of Registered Agent

Registered Agent for Logistics Contact LLC

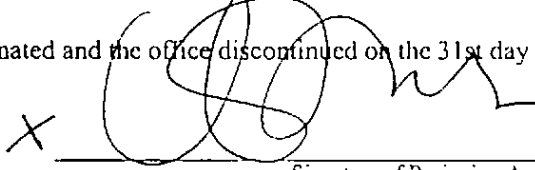
Name of Limited Liability Company

L21000511719

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

X 

Signature of Resigning Agent

If signing on behalf of an entity:

Eleanor Millwood

Typed or Printed Name

Resigning Registered Agent

Capacity

## FILING FEES:



\$ 85.00

\$ 25.00

Active limited liability company

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

2022 JAN 11 PM 1:21  
FILED