L22000009560

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: JER Express Trucking E.E.	.C.
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000009560	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	ne 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 notification)	
For further information concerning this matter, please call:	
at (800	773-0888
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision:	s of section 605.0115.	Florida Statutes, the unders	igned,	
United States Corpo	ration Agents, Inc		nereby resigns as	
	Name of Registered Agent		, ,	
Registered Agent for	R Express Truckir	ng L.L.C.		
	Name of Limit	ed Liability Company		:
L22000009560				
Document Nun	nber, it known			
A copy of this resignation	n was mailed to the ab	ove listed limited liability co	ompany at its last known address.	
The agency is terminated		Signature of Resigning Agent	the date on which this statement is	i filed.
If signing on behalf of an	entity:			
	Cheyenne Mosel	еу	20?	
	Ty	ped or Printed Name	2073 CCT 3	
	Asst. Secretary for Ur	nited States Corporation Age	nts, Inc.	
		Capacity	***	
			70 1.4	
	FILING I \$ 85.00 \$ 25.00	FEES: Active limited liability cor Administratively dissolved withdrawn limited liabilit	npany S S S S S S S S S	

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