# L22 000 009 758

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

Office Use Only



400394560624

05/16/22--01012--007 \*\*25.00

FILED
2022 SEP 16 AM 9: 11

D COMMENT

#### COVER LETTER

Registration Section Division of Corporations SUBJECT: Hitori Transportation LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000009758 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: 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: Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

### **MAILING ADDRESS:**

liability company.

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

TO:

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

Pursuant to the provisions of section 605.	0115, Florida Statutes, the ur	ndersigned.			
United States Corporation Agents, Inc.		, hereby resigns as	herehy resigns as		
Name of Registered	Agent				
Registered Agent for Hitori Transport	ation LLC	<del></del>			
Name of	Limited Liability Company			,	1
L22000009758					
Document Number, if known					
A copy of this resignation was mailed to the agency is terminated and the office d					s filed.
	Signature of Resigning Age				
If signing on behalf of an entity:					
Cheyenne M	oseley				
<del></del>	Typed or Printed Name		₩.e	75	
Asst. Secretary	Asst. Secretary for United States Corporation Agents, In-			2822	
	Capacity	<del></del> -	CATTANT	SEP	
FILI \$ 85. \$ 25.	NG FEES: 00 Active limited liabilit 00 Administratively dissi withdrawn limited lia	y company olved/ voluntarily diss ability company	M M C	16 AM 9:   1	

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