

L22000023054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

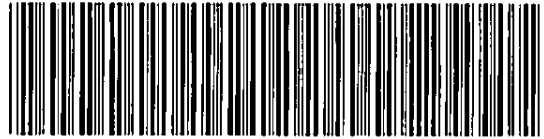
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 24 2024

Office Use Only



400429063354

05/07/24--01009--024 **85.00

FILED
2024 MAY -7 PM 1:39
J. HORNE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NL Prime Transport LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000023054

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:

Aziz Norov

Name of Person

NL Prime Transport LLC

Name of Firm/Company

542 Hummingbird Court

Address

Kissimmee, FL 34759

City/State and Zip Code

kostiuklogistics@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aziz Norov

Name of Person

at (724)

Area Code

998-5507

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Naresh Lall

Name of Registered Agent

hereby resigns as

Registered Agent for NL Prime Transport LLC

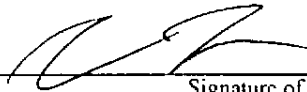
Name of Limited Liability Company

L22000023054

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Naresh Lall

Typed or Printed Name

previous owner

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