L22000169667

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u>. </u>		

Office Use Only



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A. PARISHANI FEB - 4 2024

COVER LETTER

TO: Registration Section Division of Corporations

TRINITY & LIL MAN TRUCKING LLC SUBJECT:			
Name of Limited Liability	Company		
DOCUMENT NUMBER: 1.22000169667			
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are	: submit	ted
Please return all correspondence concerning this matter to t	he following:		
Ryan Potter			
Name of Person	-	~	
ZenBusiness Inc.	ZIN SIN SIN SIN SIN SIN SIN SIN SIN SIN S	2024 JAN 10	-
Name of Firm/Company	- - 	i N	
336 E. College Ave. Suite 301	SSE SSE	0	
Address	- ENPOS.	A	j -
Tallahassee, FL 32301	SATIO ORIO	9: ↓ 3	•
City/State and Zip Code	- 2.000 (2.000)	ယ	
ra@zenbusiness.com			
E-mail address: (to be used for future annual report notification)	-		
For further information concerning this matter, please call:			
Ryan Potter 8.44 at (493-6249		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 NECESSARY

Pursuant to the provision	ons of section 605.0	1115, Florida Statutes, the u	ndersigned,	1165 1165	至	1
ZENBUSINESS INC.			, hereby resigns as		9: 1,3	
	Name of Registered /	Agent		egr	ည်	
Registered Agent for						
TRINITY & LIL MANT	TRUCKING LLC					
	Name of	Limited Liability Company			<u> </u>	
1.22000169667						
Document N	umber, if known					
A copy of this resignati	on was mailed to th	ne above listed limited liabi	lity company at its last l	cnown add	ress.	
The agency is terminate	ed and the office dis	Signature of Resigning Age	ر س	his stateme	ent is fi	iled.
If signing on behalf of a	an entity:					
	Khadijeh Hemmat	ti				
		Typed or Printed Name	 			
	Secretary					
		Canacity				

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