L2200264743

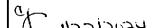
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: F&E Trucking transportation	n, LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000264763	
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 the	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 (773-0888
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmentiability company or \$25.00 for an administratively dissolved liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

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 provis	ions of section 605.0115, Florida Statutes, the unders	igned,
United States Corporation Agents, Inc hereby r		
		. hereby resigns as
Registered Agent for _	F&E trucking transportation, LLC	
	Name of Limited Liability Company	,
L22000264763		
Document?	Number, if known	
	tion was mailed to the above listed limited liability corrected and the office discontinued on the 31st day after t	
	Signature of Resigning Agent	2023 (- :
If signing on behalf of an entity:		. , . ,
	Cheyenne Moseley	2
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	its, Inc.
	Capacity	<u> </u>

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