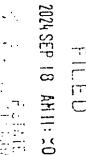


(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
J. HORNE SEP 2 4 2024			





09/18/24--01034--025 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Scan-N-Ride LLC

Name of Limited Liability Company DOCUMENT NUMBER: L22000358713 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115, Florida Statutes, the under	signed,
United States Cor	hereby resigns as	
Name of Registered Agent		ricov resigns as
Registered Agent for Scan-N-Ride LLC		hereby resigns as PDP SEP
		5 0 m
	Name of Limited Liability Company	
L22000358713		111:50
Document N	lumber, if known	:
A copy of this resignati	ion was mailed to the above listed limited liability c	ompany at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is filed.
	Erik Treutlein	_
	Signature of Resigning Agent	
If signing on behalf of a	an entity:	
	Erik Treutlein	
	Typed or Printed Name	
	Vice President on behalf of United States Corporation Ag-	ents, Inc.
	Capacity	

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company