CZZ 000371831

(Requestor's Name)			
(Address)			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BROWNFIELD LOGISTIC		
Name of Limited Liability	Company	
DOCUMENT NUMBER: L22000371831		
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are subn	nitted
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	2023 !	;
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:	,	2
at (773-0888	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 unders	igned.	
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as	
	Name of Limited Liability Company		
L22000371831			
Document N	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is terminat	ed and the office discontinued on the 31st day after t	he date on which this statement is filed.	
	Signature of Resigning Agent	2023 =	
If signing on behalf of an entity:			
<u>-</u>	Cheyenne Moseley	3.5	
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agen	ats, Inc.	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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