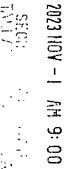
L22000426164

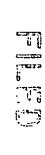
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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11/01/29--01060--008 ** 25.00





COVER LETTER

SUBJECT: New Era Trucking LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000426164 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

Division of Corporations

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 provisio	ns of section 605.011	5. Florida Statutes, the under	rsigned,		
United States Corporation Agents, Inc.			, hereby resigns as		
Name of Registered Agent					
Registered Agent for $\frac{N}{N}$	lew Era Trucking	LLC			_
	Name of Lir	nited Liability Company			
L22000426164					
Document No	umber, if known	 -			
A copy of this resignation	on was mailed to the	above listed limited liability of	company at its last kno	wn address	
The agency is terminate	d and the office disco	ontinued on the 31st day after	the date on which this	statement	is filed.
		Signature of Resigning Agent			
If signing on behalf of a	n entity:		_	_ t	
	Cheyenne Moseley			VON EZOZ	
		Typed or Printed Name	*.,	NO.	To fi
	Asst. Secretary for United States Corporation Agents, Inc.			. 1	
		Capacity			हैं इक्स
			-	<u> </u>	leran 3 1 f
	FILING			AH 9: 00	4.00
	\$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabilit	d/ voluntarily dissolve		

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