

L22000470181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

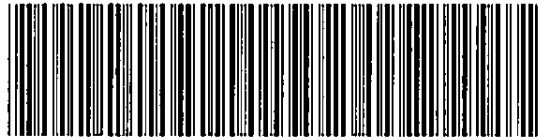
(Business Entity Name)

(Document Number)

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R. HUNT  
03/18/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **MIDLANTIC TRADE LLC**

Name of Limited Liability Company

DOCUMENT NUMBER: **L22000470181**

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:

Legalinc Corporate Services Inc.

Name of Person

Legalzoom.com, Inc.

Name of Firm/Company

9900 Spectrum Dr.

Address

Austin, TX 78717

City/State and Zip Code

liraresignations@legalzoom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at ( 800 ) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

Legalinc Corporate Services Inc.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for MIDLANTIC TRADE LLC

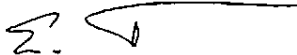
\_\_\_\_\_  
Name of Limited Liability Company

L22000470181

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Erik Treutlein

\_\_\_\_\_  
Typed or Printed Name

President of Legalinc Corporate Services Inc.

\_\_\_\_\_  
Capacity

### **FILING FEES:**

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

10:1 PM '11

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