L22000481435

| AM | | |
|----------------------|----------------------|-----------|
| (F | Requestor's Name) | |
| (<i>f</i> | Address) | |
| (<i>A</i> | Address) | |
| (0 | City/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Nam | e) |
| J) | Document Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions | to Filing Officer: | |
| | | |
| | | |
| | | |
| - | | |

Office Use Only



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12/12/28--01028--008 **25.00

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COVER LETTER

| SUBJECT: Arrow AAA Transport LLC Name of Limited Liability Company | |
|--|----|
| DOCUMENT NUMBER: L22000481435 | |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. | :d |
| 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 at (800) 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 605.01 | 15, Florida Statutes, the under | signed, | | | |
|--|---------------------------|---|--------------------------------|----------------|---------------|--|
| United States Corporation Agents, Inc. | | | _ , hereby resigns as | | | |
| | Name of Registered Ag | gent | thereby resigns as | | | |
| Registered Agent for _ | Arrow AAA Trans | port LLC | | | | |
| | | | | | _ | |
| | Name of Li | mited Liability Company | | | ' | |
| L22000481435 | | | | | | |
| Document i | Number, if known | | | | | |
| A copy of this resignat | ion was mailed to the | above listed limited liability of | ompany at its las | st known addre | ess. | |
| | | ontinued on the 31st day after | | | | |
| | | Signature of Resigning Agent | | | | |
| If signing on behalf of | an entity: | | | | | |
| | Cheyenne Mos | eley | | | | |
| | <u> </u> | Typed or Printed Name | | SI SE | | |
| | Asst. Secretary for | United States Corporation Age | nts, Inc. | SECRETALLA | -7 7 | |
| | | Capacity | | PE B | <u> </u> | |
| | | | | E AR | E | |
| | 777 - 110 | | | SE SE | | |
| | <u>FILING</u> \$ 85.00 | <u>FEES:</u> Active limited liability cor | npany | m | O | |
| | \$ 25.00 | Active limited liability cor Administratively dissolved withdrawn limited liability | l/voluntarily dis y company | solved on | I | |

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