

L23 000054257

(Requestor's Name)

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(Document Number)

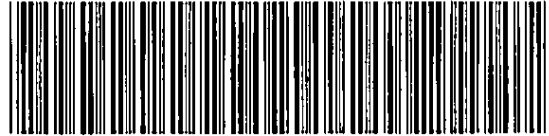
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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Big Wheel logistics LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L 230 000 54 257

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:

Patrick Schaefer  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

140 Hollis DR S  
Address

ORANGEPARK / FL 32073  
City/State and Zip Code

PSchaefer53@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Schaefer at ( 941 ) 445-0970  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Patrick Schaefer, hereby resigns as  
Name of Registered Agent

Registered Agent for Big wheel logistics LLC

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

L23000054257  
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:

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

\_\_\_\_\_  
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

2023 JUN 22 AM 9:01  
SECRETARY  
TALLAHASSEE

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