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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

| SUBJÉCT: ISLAND HAULING LLC | |
|---|---|
| Name of Limited Liability Com | pany |
| DOCUMENT NUMBER: L23000217308 | |
| The enclosed Resignation of Registered Agent for a Limited Liab for filing. | pility Company and fee are submitted |
| Please return all correspondence concerning this matter to the fol | lowing: |
| United States Corporation Agents, Inc. | |
| Name of Person | |
| Legalzoom.com, Inc. | |
| Name of Firm/Company | : |
| 9900 Spectrum Dr. | |
| Address | |
| Austin, TX 78717 | ED PM 2: 44 Y OF STATE ASSEE, FL |
| City/State and Zip Code | 2: 4 8 TAT 5. FL |
| raresignations@legalzoom.com | m + |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| at (800 773 | 3-0888 |
| | time 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 un | idersigned, | |
|---------------------------------------|--|---------------------------------------|----------------|
| United States Corporation Agents, Inc | | , hereby resigns as | |
| | | Hereby resigns as | |
| Registered Agent for $\frac{1}{2}$ | SLAND HAULING LLC | | |
| | Name of Limited Liability Company | | |
| L23000217308 | | | |
| Document N | Sumber, if known | | |
| | ion was mailed to the above listed limited liabili | | |
| The agency is terminat | ed and the office discontinued on the 31st day a | fter the date on which this staten | nent is filed. |
| | CU | | |
| | Signature of Resigning Ager | • | . |
| If signing on behalf of an entity: | | · · · · · · · · · · · · · · · · · · · | .≱ '`\$ |
| | Cheyenne Moseley | | į. |
| | Typed or Printed Name | <u> </u> | - 5 |
| | Asst. Secretary for United States Corporation | Agents, Inc. のつ マー | 2 (1) |
| | Capacity | Agents, Inc. SSEE, FL | U |

FILING FEES:

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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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