

L19-000-137747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

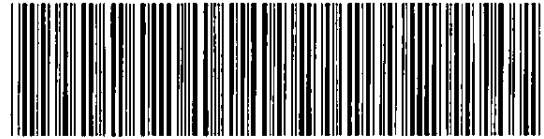
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 17 2024

Office Use Only



100436461801

09/24/24--01:24--124 -- 0.00

FILED
2024 SEP -6 PM 12:07
FBI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AT Logistics Consulting Group LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000137747

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:

Amy Sellers
Name of Person

AT Logistics Consulting Group LLC
Name of Firm/Company

13453 North Main Street #303
Address

Jacksonville, FL 32254
City/State and Zip Code

Amy @America1111.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Sellers at (904) 695-1002
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 32301

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

FILED
2024 SEP -6 PM 12:18
TALLAHASSEE, FL 32314

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
United States Corporation Agents, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for AI Logistics Consulting Group, LLC.

Name of Limited Liability Company

L19000137747

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.

John Sellers
Signature of Resigning Agent

If signing on behalf of an entity:

John Sellers
Typed or Printed Name
Registered Agent
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