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COVER LETTER

SUBJECT: Resurgence Trucking LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L23000415963

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:

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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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

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 provis	ions of section 605.0115, Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc. , hereby re		harahu ragiona ag	
		nereby resigns as	
Registered Agent for	Resurgence Trucking LLC		
	Manager I in the Late Process	·,	
	Name of Limited Liability Company		
L23000415963			
Document l	Number, it known		
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is terminat	ted and the office discontinued on the 31st day after t	he date on which this statement is filed.	
	Erilo Transtain		
	Crife Treutlein Signature of Resigning Agent	20.	
If signing on behalf of	an entity:		
	Erik Treutlein	-	
	Typed or Printed Name	- 1	
	Vice President on behalf of United States Corporation Age	ints, Inc.	
	Capacity	•	
		<i>;</i> >	
	FILING FEES:		
	\$ 85.00 Active limited liability com \$ 25.00 Administratively dissolved, withdrawn limited liability	ipany 'voluntarily dissolved/ company	

Make checks payable to Florida Department of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314