## L14000158467

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)	l		
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			





500266180385

11/13/14--01011--002 \*\*25.00



NOV 2 6 2013 C. CARROTHERS

## COVER LETTER

TO:	Registration Section Division of Corporations		
	Division of Corporations		
SUBJ	JECT: DIBER CARGO ORLAND	DO LLC	
	(Name of	Limited Liability Co	mpany)
The e	enclosed member, resignation or diss	sociation and fee(	s) are submitted for filing.
Please	e return all correspondence concerni	ng this matter to:	
PAO	LA CAMMARANO		
	(Contact Person)		_
DIBE	ER CARGO ORLANDO LLC		
	(Firm/Company)		_
1615	LONG RIDGE CT.		
	(Address)	···	_
ORL	ANDO FLORIDA 32807		
	(City/State and Zip Code)		_
For fu	urther information concerning this m	atter, please call:	
PAO	LA CAMMARANO	786	3543873
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payab 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section		Registration Section
	ion of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Tallah	nassee, Florida 32301		

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appe	ears on the records of the	Florida Departm	ent 
2. The Florida doc L1400015846	ument/registration number assigned 7	to this limited liability co	ompany is:	
3. The date this me	ember/manager withdrew/resigned of	or will withdraw/resign is:	:	_
4. I. YEYLA LEO	N ,	hereby withdraw/resign as	a a	
· /	Jame of Person Resigning)	nereby withdraw/resign as	s a	
AMBR				
	(Print Title)		مراه المراجع ا المراجع المراجع المراج	
of this limited lia resignation in wr	bility company and affirm the limite iting.	ed liability company has t	104 13 P	ny
Signature of D	ssociating Member or Resigning M	anager	2 S S S S S S S S S S S S S S S S S S S	المحسدة. الشاعدة
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			