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## **COVER LETTER**

TO:		stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	DC EAGLE TRANSPORT	TATION, LLC	
		(Name of I	Limited Liability Co	mpuny)
The er	nclosed	I member, resignation or diss	ociation and fee(	s) are submitted for filing.
Please	return	all correspondence concerni	ng this matter to:	
AUNI	DRE S	SCOTT		
		(Contact Person)	<del>_</del>	_
MITR	E AC	COUNTING & TAX SERVI	CE, LLC	
		(Firm/Company)		_
1570	1 SR :	50, STE 202		
		(Address)		_
CLEF	RMON	IT, FL 34711		
_		(City/State and Zip Code)		_
For fu	rther in	nformation concerning this m	atter, please call:	
AUNI	ORE S	СОТТ	352	242-9905
	(N	ame of Contact Person)		e & Daytime Telephone Number)
Enclos ■ \$25	sed ple Filing	ase find a check made payabl Fee		Department of State for: g Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
_		Section Corporations		Registration Section Division of Corporations
Cliftor		•		P.O. Box 6327
2661 1	Execut	ive Center Circle Florida 32301		Tallahassee, Florida 32314

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)

1. The name of the of State is: DC	e limited liability company as it appears on the records of the Florida Department EAGLE TRANSPORTATION, LLC
	ument/registration number assigned to this limited liability company is:
4. I, NATASHA (Print N	withdraw/resigned or will withdraw/resign is:  WILLIAMS, hereby withdraw/resign as a  **Jame of Person Resigning**
	bility company and affirm the limited liability company has been notified of my iting.
	ssociating Member or Resigning Manager  \$25.00 (Required) \$30.00 (Optional)