

L16000076583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 04 2016

S MASON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADL Logistics LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jose Ycaza  
(Contact Person)

ADL Logistics  
(Firm/Company)

1733 NE 38<sup>th</sup> St  
(Address)

Oakland Park, FL 33334  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Ycaza at (786) 567-2380  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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)

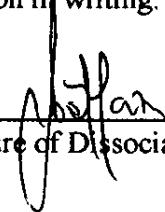
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ADL Logistics LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000076583

3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 27<sup>th</sup> /16

4. I, Jose Ycaza, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2016 MAY -3 P 4: 12  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FLORIDA