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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FIRST ANERICAN (Name of Limit	TRANSPORT LLC ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
137 KAN KILIC (Contact Person)	
FIRST AMERICAN TX (Firm/Company)	ASISPORT LLC
1851 LEAN MARI	EDR
WINTER GARDEN FL (City/State and Zip Code)	34787
For further information concerning this matte	r, please call:
(Name of Contact Person)	at (407) 308 9157 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
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 32303

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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 li	mited liability company as	it appears on th	ne records of the F	Florida Department
of State is:	25T AMERICAN.	TRASPORT	i LLC	
2. The Florida docun	nent/registration number a	signed to this l	imited liability cor	mpany is:
L 20000C	31084	·		
3. The date this mem	nber/manager withdrew/res	igned or will w	ithdraw/resign is:	007-31-2022
4. 1. <u>ソソソAル Y</u> (Print Nan	ne of Person Resigning)	, hereby w	/ithdraw/resign as	a
MANAG	Fint Title)			
of this limited liabi resignation in writi	lity company and affirm thing.	e limited liabili	ity company has b	een notified of my
Ü	worden			
Signature of Diss	sociating Member or Resig	ning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			