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	ddress)			
(AC	101622)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
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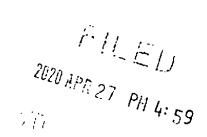
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COVER LETTER

TO:	Regis	stration Section		•
	Divis	sion of Corporations		. •
SUBJ	ECT:	TRANSFLEET FINANCIAL LI	.C	
		(Name of	Limited Liability Co	ompany)
The e	nclosed	d member, resignation or dis	sociation and fee	(s) are submitted for filing.
Please	e return	all correspondence concern	ing this matter to);
MAD	ALINE /	ALES		
		(Contact Person)		
TRAN	SFLEE	T FINANCIAL LLC		
		(Firm/Company)		
4801 0	GULF B	LVD #217		
		(Address)		_
ST PE	TE BEA	ACH FLORIDA 33706		
	-	(City/State and Zip Code)		
For fu	irther ii	nformation concerning this n	natter, please cal	1:
MADA	ALINE A	ALES	727 at (480-7400
	(N	lame of Contact Person)		le & Daytime Telephone Number)
		ease find a check made payab		_
■ \$2	5 Filing	g Fee	□ \$55 Filir	ng Fee & Certified Copy
		ng Address:		Street Address:
	_	stration Section sion of Corporations		Registration Section Division of Corporations
		Box 6327		The Centre of Tallahassee
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810





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)

75*11	: limited liability company as	s it appears on the records of the Florida Department
		ssigned to this limited liability company is:
CRAIG ROW	ED	signed or will withdraw/resign is: 4/21/20, hereby withdraw/resign as a
AP	(Print Title)	
of this limited lia resignation in wi		ne limited liability company has been notified of my
Signature of D	Sociating Member or Resig	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	