## L21000170541

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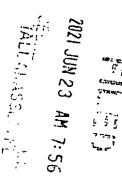
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Hacen Transpor	HS LIC .
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
Tsomori Sasso (Contact Person)	
A.N.I. Services LLC	<u>-                                     </u>
1028 Visto Palmo WC	<u>u</u>
Orlando F1. 32825 (City/State and Zip Code)	<u></u>
For further information concerning this matter, pleas	e call:
(Name of Contact Person) at (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee \$\square\$ \$55	orida Department of State for: Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314







## 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:	Jocun Transports LIC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
	00170841
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 4 13 2001
4.1. Nelido	
(Print N	lame of Person Resigning)
<u>HM</u>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
nelida	Jandalus_
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)