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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

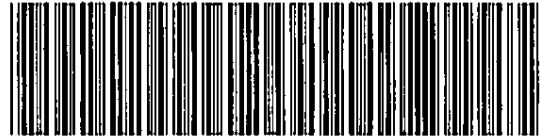
(Business Entity Name)

(Document Number)

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STATE  
TALLAHASSEE, FLORIDA

SEP - 9 2022

S. PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EUPHEMIA TRUCK LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fees) are submitted for filing.

Please return all correspondence concerning this matter to:

NINOTCHKA HECHT

(Contact Person)

FAST FILING SERVICES LLC

(Firm/Company)

10450 NW 33RD ST STE 305

(Address)

DORAL FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

NINOTCHKA HECHT

(Name of Contact Person)

786 762-2048

at (            )               
(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

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



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 EUPHEMIA TRUCK LLC

2. The Florida document registration number assigned to this limited liability company is L21009443222

3. The date this member/manager withdrew/resigned or will withdraw/resign is 06/13/2022

4. I, YAMILA Y GIARDINA PAPA hereby withdraw/resign as a

*(Print Name of Person Resigning)*

AMBR

*(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)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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