L22 000 249 321

(Requestor's Name)
(Address)
(Address)
· · ·
(City/State/Zip/Phone #)
(Sity/State/Zip/) Notice #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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03/28/23--01017--025 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: THE VINE TRANSPORT LLC	
(Name of Limited Lia	bility Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
ROSFALVES	
(Contact Person)	
TRUST SOLUTION TAX & BOKKEEPPING LLC	
(Firm/Company)	
7031 GRAND NATIONAL DR SUITE 111	
(Address)	
ORLANDO - FL - 32819	
(City/State and Zip Code)	•
For further information concerning this matter, plea	nse call:
ROSI ALVES 40	705-9147
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F S25 Filing Fee	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





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)

	limited liability company as it appears on the records of the Florida Department
2. The Florida doc 1.22000249321	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, ANDREIA BAR	
AMBR	
18/112	(Print Title)
of this limited lia resignation in wr	pility company and affirm the limited liability company has been notified of my iting.
	a U da Silva Barra
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)