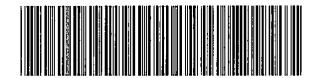
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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

Division of Corporations	
BST FREIGHT LLC SUBJECT:	
(Name of Limited	d Liability Company)
The enclosed member, resignation or dissociati	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Lucus C. Guarro	
(Contact Person)	
BST FREIGHT LLC	
(Firm/Company)	
3785 NW 82 ND AVE Suite 314	
(Address)	
Doral Florida 33166	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Lucas C. Guarro	786 689 0216
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\equiv \\$25 \text{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 81 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)

	pany as it appears on the records of the Florida Department
of State is:	
2. The Florida document/registration num	mber assigned to this limited liability company is:
1.21000377683	
3. The date this member/manager withda	rew/resigned or will withdraw/resign is: 05/01/2023
4. I,	, hereby withdraw/resign as a
(Print Name of Person Resigning))
MBR	
(Print Title)	
	ffirm the limited liability company has been notified of my
resignation in Ariting.	
Signature of Dissociating Member o	r Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

2023 MAY 30 PM 3: NL

Filing Fee:

Certified Copy: