404000089329

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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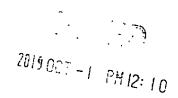
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CMD T	railers, LLC			
	(Name of Lim	ited Liability Con	npany)	
The enclosed member	, resignation or dissoci	ation and fee(s) are submitted for filing.	
Please return all corre	spondence concerning	this matter to:		
Timothy Shippee				
	(Contact Person)		_	
Hathaway & Reynolds, PLLC				
	(Firm/Company)	· -	_	
50 A1A North, Suite	108		_	
-	(Address)		_	
Ponte Vedra Beach	, FL 32082		_	
(C	ty/State and Zip Code)			
For further information	n concerning this matt	er, please call:		
Timothy Shippee		904 at (280-5526	
(Name of Co	ontact Person)	(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				
STREET/COURIEF Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, Florida 3	ons r Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)





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 of State is: CMD Trailers, LLC	ompany as it appears on the records of the Florida Department
2. The Florida document/registration L04000089329	number assigned to this limited liability company is:
3. The date this member/manager wi	thdrew/resigned or will withdraw/resign is: 9/27/2019
4. I, Ernie W. Clarke, Jr. (Print Name of Person Resig	, hereby withdraw/resign as a
Managing Member	
of this limited liability company an resignation in writing. Signature of Dissociating Membrasis	ad affirm the limited liability company has been notified of my er or Resigning Manager
Filing Fee: \$25.00 (Required Copy: \$30.00 (Option)	•