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COVER LETTER

TO: Registration Section Division of Corporations CARGOTRANS INTERNATIONAL SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: ALERED COREN (Contact Person) CARGOTRANS INTERNATIONAL (Firm/Company) 12556 WEST ATLANTIC BLVD (Address) ! CORAL SPRINGS, FL 33071 (City/State and Zip Code) For further information concerning this matter, please call: ALFRED COHEN (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy 圖 \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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)

. CAR	limited liability company a	s it appears on the records of	f the Florida Department
2. The Florida doc 1.06000024480	ument/registration number a	assigned to this limited liabil	ity company is:
4. I	•	signed or will withdraw/resigned, hereby withdraw/resign	-
MGR	(Print Title)	La Parte d'Estable	
resignation in wr		he limited liability company	has been notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		4 AH 6: 4