L06000107941

, (Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations
SUBJECT: CRIS TRANSPORTATION SERVICES, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
MARIA ISAbel Rodriguez (Contact Person)
MARIA ISAbel Rodelguez (Contact Person) CRIS TRANSPORTATION Services, LLC (Mrm/Company)
5370 W State Rd 84 #1 (Address) Address) TALLAR BR APR 2
Davie, FL 33314 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
CRISTORAL MILIAN at (954) 791-8077 (Name of Contact 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cformations Clifton Building Cformations P.O. Box 6327 Cformations Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2008

MARIA ISABEL RODRIGUEZ 5370 W STATE RD. 84 #1 DAVIE, FL 33314

SUBJECT: CRIS TRANSPORTATION SERVICES, LLC

Ref. Number: L06000107941

We have received your document for CRIS TRANSPORTATION SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6917.

Gretchen Harvey
Document Specialist Supervisor

Letter Number: 008A000233



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	oility company was orga et d a	nized under the laws of:	08 APR 29 SECRETAR TALLAHASS
L0	6000107941	ber of this limited liability com	3: 4C STATI FLORIC
4. I, <u>CR15+a</u> (Print l	Name of Person Resigning)	, hereby resign as a	MANAGER (Print Title)
of this limited lia resignation in w		rm the limited liability compar	ny has been notified of my
*/***	llow Trains Mamber Manage	ing Mambar or Managar	
Signature of Res	igning Member, Manag	ing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	- You have Achee \$35.00.	K in the amount