10000123064

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

TO: Registration Section Division of Corporations	
SUBJECT: Southwest Transport, LLC (Name of Limited Lia	ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
Roberto Lemus	
(Contact Person)	
Southwest Transport, LLC	07 SEP 28 SECRETARY ALLAHASSE
(Firm/Company)	P 2
11800 SW 34 Street	
(Address) Miami, Florida 33175	PH 2: 52 OF STATE E. FLORIDA:
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Roberto Lemus at (_	305 216-4629
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as uthwest Transport, LI		f the Florida Department
	oility company was organized COFFIORIDA	d under the laws of:	
3. The Florida doc	ument/registration number o 1a3064	f this limited liability compa	any is:
	esada Vame of Person Resigning) bility company and affirm th	, hereby resign as a V	(Print Title)
resignation in wr)	has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		07 SEP 21 SECRETAR TALLAHASS

CR2E079 (5/06)