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(Re	equestor's Name)					
		· /				
(Address)						
(Ad	ldress)					
(City/State/Zip/Phone #)						
		•				
PICK-UP	MAIT	MAIL				
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(Bu	ısiness Entity Nan	ne)				
(Do	ocument Number)					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
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Office Use Only



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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

12/20

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: AA Courier Sei	rvice LLC e of Limited Liability Company)		
The enclosed member, managing menfiling.	mber or manager resignation and fee(s) are submitted for		
Please return all correspondence cond	cerning this matter to:		
Elfer Ojeda			
(Contact Person)			
(Firm/Company)			
13410 SW 52 STREET	E I E D SECRETARY OF STATE LLAHASSEE, FLORID.		
(Address)	IEC 17 P 12: 1 HASSEE, FLORID. (a)		
Miami, FL 33175			
(City/State and Zip Cod	B . W		
For further information concerning the	is matter, please call:		
ELFER M. OJEDA (Name of Contact Person)	at (305) 207-2873 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made partial \$25 Filing Fee	syable to the Florida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section Division of Corporations		
Division of Corporations Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	i ununussee, i longu sasi t		

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 it ap	•	of the Flor	ida Department
of State is: AA	Courier Service LLC		ZC ~	<i>ى</i>
2. This limited liabi	lity company was organized und	er the laws of:	ARY OF SSEE, FI	
3. The Florida docu L070000	ment/registration number of this	limited liability con		-
4. I, Mike Oje	da	, hereby resign as a	Manag	ing Member
(Print No	ame of Person Resigning)		(Prin	t Title)
of this limited liab resignation in wri	oility company and affirm the lim ting.	ited liability compar	ny has been	notified of my
Miles) juda			
Signature of Resi	gning Member, Managing Memb	er or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			