## 67000023856

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

TO: Registration Section Division of Corporations	
SUBJECT: MOSTOR TVUCKURS (Name of Limited Liability Con	(CC npany)
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Georgina Clinche (Contact Person)	<del>-</del>
MOSTOR Trucking UC (Firm/Company)	-
1070 SW 68 awd (Address)	2007 SEP 20 SECRETARY TALLAHASSI
City/State and Zip Code)	
For further information concerning this matter, please call:	AM 10: 50
Alox Dia2 at (786) (Name of Contact Person) (Area Code	318 · 6637 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department	
of State is: Mastar Trucking UC.	
· J	
2. This limited liability company was organized under the laws of:  Hoeida  3. The Florida document/registration number of this limited liability company is:  L. 00-000-33854	
4. I, Googing Clinche, hereby resign as a Word Fried Title)  (Print Name of Person Resigning)  (Print Title)	US
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Signature of Kesigning Member, Managing Member or Manager  Filing Fee: \$25.00 (Required)	

Certified Copy: \$30.00 (Optional)