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(Red	questor's Name)			
(Add	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to F	Filing Officer			
Special instructions to 1 sing Officer.				

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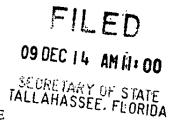
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SECRETARY OF STATE

COVER LETTER

	egistration Section ivision of Corporations	
SUBJEC		TION LLC 1 Liability Company)
	(Name of Linite	Liability Company)
The enclo	osed member, managing member or m	anager resignation and fee(s) are submitted for
Please ret	turn all correspondence concerning th	is matter to:
Milton	Pineda	
	(Contact Person)	
Talia's	Transportation LLC.	
	(Firm/Company)	
1010 A	lhambra St	<u></u>
	(Address)	
Deltona	a, FL 32725	
	(City/State and Zip Code)	
For furthe	er information concerning this matter,	please call:
Milton F	Pineda a	1 (386) 732-7250
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed	please find a check made payable to t	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy
		Centified Copy
	/COURIER ADDRESS:	MAILING ADDRESS:
	on Section	Registration Section
	of Corporations	Division of Corporations
Clifton Bu		P.O. Box 6327
	cutive Center Circle	Tallahassee, Florida 32314
i aiianasse	ee, 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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Talia's Transportation LLC				
2. This limited liab	oility company was organized	d under the laws of:		
3. The Florida doc L0700005		f this limited liability company is:		
4. I, Milton Pin	eda	, hereby resign as a MGRM		
(Print)	lame of Person Resigning)	(Print Title)		
resignation in wr		e limited liability company has been notified of my		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			