1000057233

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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| Special Instructions to Filing Officer: | | | | |
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TALLAHASSEE, ET ORIO.

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: Veru Logistics (Name of Limited Liability Co. | Mpany) | |
| The enclosed member, managing member or manager resigning. | gnation and fee(s) are submitted for | |
| Please return all correspondence concerning this matter to: | : | |
| Robert Bery (Contact Person) | _ | |
| UCSU LOGISTICS LLC (Firm/Company) | | |
| 3136 Merrick Ter (Address) | 29 PM | |
| Margate, Fl 33013 (City/State and Zip Code) | IZ: 24 STATE LORIDA | |
| For further information concerning this matter, please call: | | |
| Robert Seryl at (957) (Name of Contact Person) (Area Code | 291 / 291 / 291 / 2 Daytime Telephone Number) | |
| Enclosed please find a check made payable to the Florida I | Department of State for: \$55 Filing Fee & Certified Copy | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | |
| | | |

CR2E079 (5/06)

Tallahassee, Florida 32301



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 li | mited liability company as it | appears on the records o | of the Florida Department |
|---|--|--------------------------------|--|
| 2. This limited liabil Florida | ity company was organized u | | |
| 1 4 | nent/registration number of the 10057233 | nis limited liability comp | any is: |
| 4. I, X MAR | TIN BOELE ne of Person Resigning) | , hereby resign as a | MGR (Print Title) |
| of this limited liabi resignation in writi | lity company and affirm the l | imited liability company | has been notified of my |
| Signature of Resignature | ning Member, Managing Me | mber or Manager | 07 NOV 29 SECRETALIANTALLAHASSE |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 29 FH 12: 21 29 FH 12: 21 25 STATE 25 SEE, FLORID |