10700065261

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300183640643

08/02/10--01035--005 **25.00

THE AUG -2 AM ID 06
SECRETARY OF STATE
ASSEE, FLORIDA

T. CLINE

AUG - 3 2010

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations			
SUBJECT: JUMBO LOGISTICS LLC	•		
(Name of Limited Liability Com	npany)		
The enclosed member, managing member or manager resignations.	nation and fee(s) are submitt	ed for	r
Please return all correspondence concerning this matter to:			
RAFAEL FERNANDEZ			
(Contact Person)	-		
JUMBO LOGISTICS LLC			
. (Firm/Company)	- 		
2070 NW 79 AVE		SEC	754
(Address)	7 7		
MIAMI, FL 33122			-2
(City/State and Zip Code)	-, · · · · · · · · · · · · · · · · · · ·	T 00	
For further information concerning this matter, please call:			TES.
		57i	90
) <u>599-0194</u>		
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D	epartment of State for:		
\$25 Filing Fee \$	55 Filing Fee &		
Section 14 Control of the Control of	Certified Copy		
	MAILING ADDRESS:		
•	Registration Section		
	Division of Corporations		
" <i>U</i>	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
TRIMINGSON, FROM SESSIE	*		



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 apports of State is: JUMBO LOGISTICS LLC	pears on the records of the	e Florida D	epartme	:nt -•
2. This limited liability company was organized under FLORIDA	er the laws of:		TAS TASE	The D
3. The Florida document/registration number of this L07000065261	limited liability company	is:	CRETARY	AMB AUG -2
4. I, ROBERTO MARES (Print Name of Person Resigning)	, hereby resign as a MAI	NAGER (Print Title)	OF STATE	90 - EN HA
of this limited liability company and affirm the limitesignation in writing.	, 1 1 - 1 1 1	been notifi	ied of m	ıy Ö
Signature of Resigning Manhber, Managing Member	er or Manager			
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)				