## L07000119821



(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



700437459787

10/02/24--01028--020 \*\*100.00

## **COVER LETTER**

TO:	Registration Section							
	Divis	sion of Corporations						
SUBJ	Southern Specialized Truch and Trailer LLC ECT:							
(Name of Limited Liability Company)								
The er	neloseo	d member, resignation or dis	sociation and fee(	(s) are submitted for filing.				
Please	retur	all correspondence concern	ing this matter to	:				
Travis	Fitzpati	rick						
		(Contact Person)		_				
Southe	rn Spec	ialized Truck & Trailer LLC						
		(Firm/Company)	<del></del>	_				
1812 N	lW Maii	n Blvd.						
		(Address)		<del></del>				
Lake C	ity, FL	32055						
		(City/State and Zip Code)		_				
For fu	rther ii	nformation concerning this r	natter, please call	:				
Timoth	ıy Shipp	occ	904 at (	280-5526				
	(N	fame of Contact Person)		e & Daytime Telephone Number)				
Enclos	sed ple	ase find a check made payal	ole to the Florida	Department of State for:				
<b>≡</b> \$25	5 Filing	g Fee	□ \$55 Filin	ng Fee & Certified Copy				
		ng Address:		Street Address:				
	Regis	stration Section		Registration Section				
		sion of Corporations Box 6327		Division of Corporations  The Centre of Tallahassee				
	_	hassee, FL 32314		2415 N. Monroe Street, Suite 810				
	1 (41)(1	named to the state of the fi		Tallahassee, FL 32303				



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	ern Specialized Truch and Traile			·
L07000119821	umeno registration number a	assigned to this limited liability	company is	· •
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign	Septembe is:	r 30, 2024
Ronald T. Ruchi	1.**			
(Print N	ame of Person Resigning)	, hereby withdraw/resign		
Authorized Repre	sentative			
-	(Print Title)			
of this limited lia resignation in wr	- · · · · ·	he limited liability company has	s been notif	ied of my
Signature of Di	ssociating Member or Resig	gning Manager		•
				; ;
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			