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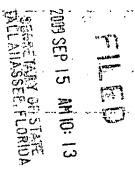
(Requestor's Name)
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T. CLINE

SEP 16 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Shaughn Transport, LLC	Liebility Company
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Shaughn S. Mohammed	
(Contact Person)	
Shaughn Transport, LLC	
(Firm/Company)	~ ~ <u>~</u>
13176 54th Lane North	78 SE
(Address)	
Royal Palm Beach, FL 33411	Please call:
(City/State and Zip Code)	<u> </u>
For further information concerning this matter,	please call:
	561 396-3458
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee &
T 425 1 8 1 5 5	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

Tallahassee, 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

	mited liability company as it ghn Transport, LLC	appears on the records of the I	Florida Department
2. This limited liabilit	ty company was organized u	nder the laws of:	
_ FLORIDA	A		20 PM
3. The Florida docum	_	his limited liability company is	2000 SEP 15 AM
			5, 5
4. I, Christine An		, hereby resign as a	Manager_
(Print Nam	ne of Person Resigning)	•	(Print Title)
of this limited liabil resignation in writing		limited liability company has b	een notified of my
Signature of Resign	ing Member, Managing Me	th mber or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)