208000106a97

(Red	uestor's Name)	
(Add	Iress)	
•	•	
(Add	lress)	
(City	/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(Bus	iness Entity Name)	
(Doc	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	
		l
		i
		İ
•		

Office Use Only



100142234231

02/02/09--01021--022 **25.00

FILED

09 FEB -2 PH 1: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
FEB 3 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: KDG Express T	RUCKING, LLC	_	
The er	nclosed member, managing member or manager	resignation and fee(s) are submitt	ed for	
Please	return all correspondence concerning this matte	er to:		
	Gissel Aramboles (Contact Person)	<u>5</u> ;	O SI	
	(Firm/Company)		9FEB -	
k	481a Cedar Brunch Way	VEE, FLOR	FEB -2 PH 1:02	ו ו ו
	Delando, FL 32824 (City/State and Zip Code)	——————————————————————————————————————	02	
For fu	rther information concerning this matter, please	call:	r	
((Name of Contact Person) (Area	07 616-7572 Code & Daytime Telephone Number	r)	
Enclos	sed please find a check made payable to the Flor			
Regist Division Cliftor 2661 E	ET/COURIER ADDRESS: cration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

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 record	s of the Florida Departme	ent
of State is:	KDG Express Trucking, L	LC	_•
	ility company was organized under the laws of:		•
_	ument/registration number of this limited liability cor	npany is:	
4. I, <u>G: 55</u>	CL ARUMBOLES, hereby resign as a large of Person Resigning)	MGRM (Print Title)	-
•	bility company and affirm the limited liability compa	· ·	ıy
Signature of Resi	gning Member, Managing Member or Manager	09 F I SECR TALLA	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	EB -2 PM J: RETARY OF STA HASSEE, FLOI	FILED
		O3 Rida Rida	

CR2E079 (5/06)