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	(Re	questo	r's Name	·)		
	(Ad	dress)				
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•	(Cit	y/State	/Zip/Phoi	ne #)		
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Special Instruction	ns to	Filing C	Officer:			
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2009 AUG -7 PM 1:52 SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED

COVER LETTER

Division of Corporations	
SUBJECT: ALL PRO TRA (Name of Limited)	NS PORTS Liability Company)
(Author of Diffine	. Zimomiy Gompuny)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
PETER O TOOLE (Contact Person)	
(Contact Person)	
ALL PRO TRANSPORTS (Firm/Company)	
2120 58 # AVE STE (Address)	150
(Address)	
VERO BEACH FL 32 (City/State and Zip Code)	966
For further information concerning this matter,	
PETER OTOOLE (Name of Contact Person)	1772 321-5991
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Evacutiva Center Circle	Tallahaccaa Florida 3731/

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

	mited liability company as it appears on the records of the Flo	orida Departme	ent
	ty company was organized under the laws of:	2009 AUG -7 PM SECRETARY OF TALLAHASSEE, F	
3. The Florida docum	nent/registration number of this limited liability company is:	M 1:52 STATE FLORIDA	D
4. I, 人からA (Print Nar	Y GABBERT, hereby resign as a MG.	R rint Title)	-
	lity company and affirm the limited liability company has bee		ny
- Kindu	(adda -		
Signature of Resign	ning Member, Managing Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		