## Llocalogists

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





500302866735

08/25/17--01016--027 \*\*75.00

D SCOTT AUG 2 9 2017

## **COVER LETTER**

TO:	_	stration Section sion of Corporations		
SUBJ	FCT.	EAST-WEST TRANS LLC		
3000	LC I.	(Name of Limite	d Liability Com	apany)
The e	nclosed	d member, resignation or dissociat	ion and fee(s	) are submitted for filing.
Please	e returr	n all correspondence concerning th	is matter to:	
Jan l	Milesto	one, Esq.		_
		(Contact Person)		
Murc	off, Mil	estone & Milestone		
1		(Firm/Company)		_
2999	9 NE 1	91st Street, Suite 709		
		(Address)		_
Aver	ntura,	FL 33180		
	<u>-</u>	(City/State and Zip Code)		_
For f	urther	information concerning this matter	, please call:	
Jan	Milest	one, Esq.	305	682-2324
	()	Name of Contact Person)		& Daytime Telephone Number)
	osed pl 25 Filin	lease find a check made payable to ng Fee	the Florida I	Department of State for: g Fee & Certified Copy
Regi Divis Clift	stration sion of on Bui	COURIER ADDRESS:  n Section Corporations Ilding Litive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
		2. Florida 32301		

CR2E079 (2/14)



## 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)

1. The name of th	e limited liability company as it appears on the record	s of the Florida Department
	ST-WEST TRANS LLC	<u> </u>
2. The Florida doo L100000963	cument/registration number assigned to this limited lia	ability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/r	esign is:
4. I. Andrey Tere		
	Name of Person Resigning) . hereby withdraw/s	resign as a
General Mar	nager	
<del></del>	(Print Title)	
of this limited lia resignation in w	ability company and affirm the limited liability compariting.	ny has been notified of my
		. <u>-</u>
Signature of D	ssociating Member or Resigning Manager	 
Filing Fee: Certified Copy:	\$25.00 (Required)	
Cettifica Conv:	\$30.00 (Ontional)	