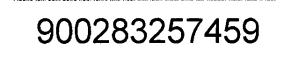
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(Requ	estor's Name)			
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SECRETARY OF STATE FALLARY SSEE, FLORIDA

MAR 1 6 2016 S. YOUNG

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: TRANSFLEET US LLC	· • • •
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to:
MADALINE ALES	
(Contact Person)	
TRANSFLEET US LLC	
(Firm/Company)	 . 5
7217 GULF BLVD	16 MAR 15 PH 12: 44
(Address)	
ST PETE BEACH FL 33706	P
(City/State and Zip Code)	12: 1
For further information concerning this matter, please ca	all:
MADALINE ALES 727	480-7400
	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 File \$55	a Department of State for: ing Fee & 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



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 the	limited liability company as	s it appears on the records of the Florida D	epartment
of State is:	TRANSFLEET US L	LC	 •
2. The Florida doc L1000003942	-	ssigned to this limited liability company is	:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	·
4. I, CLINTON B	OWER Jame of Person Resigning)	, hereby withdraw/resign as a	
MGRM	(Print Title)		
resignation in wr	bility company and affirm th	ne limited liability company has been notif	SECRETARY ALLAHASSE 6 MAR 15
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		OF STATE E.FLORIBA PM12: 44