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SECRETARY OF STATE
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N. Guerson JAN - 5 2012

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: My WAY Expedite Transport LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
KAthryn Mlay (Kathryn Drake) (Contact Person)
Myway Expedite TRansport UC (Firm/Company)
653 Park Valley Circle (Address)
Minnoda Florida 34715 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (352) 552-6699 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

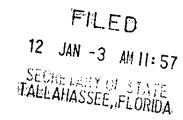
MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

DI Executive Center Circle Tallahassee, Florida 323

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the records of the Florida Departmenty way Expedite Transport LLC.
2. This limited liab	ility company was organized under the laws of:
L100000	
	hereby resign as a <u>Member</u> (Print Title) bility company and affirm the limited liability company has been notified of my iting.
Signature of Resi	gning Member, Managing Member or Manager
_	\$25.00 (Required) \$30.00 (Optional)