

L10000110899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

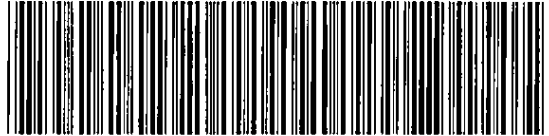
(Document Number)

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Office Use Only



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08/18/23--01017--006 \*\*25.00

S. CHATHAM

SEP 16 2023

2023/09/16 PM 12:37

2023/09/16

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONFIDENCE TRUCKING W/C LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DAYMIS RODRIGUEZ  
\_\_\_\_\_  
(Contact Person)

CONFIDENCE TRUCKING W/C/LLC  
\_\_\_\_\_  
(Firm/Company)

8227 GALGANO LANE  
\_\_\_\_\_  
(Address)

SPRING HILL FL 34606  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAYMIS RODRIGUEZ at (239) 207-5780  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



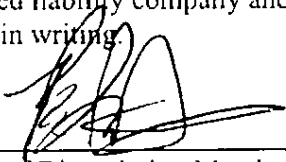
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2023 / 10 / 18 PM 12:37

**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 it appears on the records of the Florida Department of State is: CONFIDENCE TRUCKING W/C/LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L10000110899
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5-1-2023
4. I, PIERRE BENOIT, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGRM  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)