L10000128522

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

Office Use Only



600244234556

02/11/13--01031--004 **25.00

FEB 1 2 2013 T CLINE SEGRÉTARY OF STATE FALL AFRASSEE, FLORID

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|---------------------|---|------------------------------|-------------|
| SUBJECT: New Era Transpo | rt LLC | npany) | | |
| The enclosed member, managing member or ifiling. | manager resig | nation and fee(s) are s | ubmitted for | |
| Please return all correspondence concerning the | his matter to: | | | |
| Robert Evans | | | | |
| (Contact Person) | | - | | |
| New Era Transport | | | | |
| (Firm/Company) | | - | | |
| 1316 blue stream road | | | | |
| (Address) | | . | | |
| Deland FI 32720 | | | 20 SA SA | |
| (City/State and Zip Code) | | - | I3FI EAR | |
| For further information concerning this matter | r, please call: | | FEB RETARY ASSISSE | Angri |
| Robert Evans | _{at (} 407 | 580-1620 | 四日 3 | |
| (Name of Contact Person) | (Area Code | & Daytime Telephone 1 | PH I: 18 | The same of |
| Enclosed please find a check made payable to \$25 Filing Fee | | epartment of State för 55 Filing Fee & Certified Copy | `` ≫ ``` '`` | |
| STREET/COURIER ADDRESS: | | MAILING ADDRES | SS: | |
| Registration Section | | Registration Section | | |
| Division of Corporations | | Division of Corporati | ons | |
| Clifton Building | | P.O. Box 6327 | | |
| 2661 Executive Center Circle | | Tallahassee, Florida 3 | 32314 | |

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

| | limited liability company as w Era Transport LLC | it appears on the records | of the Florida Departmen | t |
|--|--|----------------------------|--------------------------|--|
| 2. This limited liab | pility company was organized | under the laws of: | | |
| 3. The Florida doc L10000128 | ument/registration number of | this limited liability com | npany is: | |
| 4. I, ANA Evans (Print Name of Person Resigning) | | , hereby resign as a | MGRM (Print Title) | |
| • | bility company and affirm the | e limited liability compar | , , | |
| - | igning Member, Managing M | lember or Manager | EMRY OF | The state of the s |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | M I: J State Lorid | 0 |