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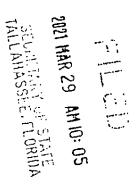
(Requestor's Name)	_					
(Address)	_					
(Address)	_					
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:]					

Office Use Only



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03/29/21--01015--024 **25.00



COVER LETTER

	egistration Section vision of Corporations		
SUBJEC'	WORLD WIDE EXPRESS, LLC	-	
		Limited Liability	/ Company)
The enclo	sed member, resignation or dis	sociation and t	fee(s) are submitted for filing.
Please ren	arn all correspondence concern	ing this matter	10:
MARIUS M	farcinkevicius		
	(Contact Person)		
WORLLD '	WIDE EXPRESS		
<u>.</u>	(Firm/Company)	<u> </u>	
6000 NW 3	2ND CT		
	(Address)		
MIAMI, FL	. 33142		
	(City/State and Zip Code)		
For further	information concerning this n	natter, please c	all:
MARIUS M	ARCINKEVICIUS	224 at (678-5957
<u> </u>	(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed p ■ \$25 Fili	please find a check made payab ing Fee		da Department of State for: ling 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

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

(Pursuant to 605.0216, Florida Statutes)

		it appears on the records of th	c Florida E	Ocpart	ment
of State is:	O WIDE EXPRESS, LLC				— <u>·</u>
2. The Florida docum	nent/registration number as	signed to this limited liability	company i	s:	
	aber/manager withdrew/res	igned or will withdraw/resign i	03/12/201	21	
		, hereby withdraw/resign			
MGR	me of Persan Resignates				
(1	Print Title)				
		ie limited liability company has	s been noti	fied o	f my
resignation in writ	ing.	· -	TALLAI	2021 MAR	- -,
Signature of Dis	sociating Member or Resig	ming Manager	HASSE	IR 29	·
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		OF STATE E. Florida	AM 10: 05	