9/4/24, 1.55 PM

Ta.

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003009543)))



H2400030095434BC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. ser	(7)	1	т
ŧ.,	Ö		To:
*	-		
•			
•	-	•	
	- 1		
	-		Fro
	•		
	10		
·			
<u></u>	(2	احمد د د	

Division of Corporations

Fax Number : (850)617-6383

rom:

Account Name : ELLISON LAZENBY PLLC

Account Number: I20150000059 Phone : (727)362-6151

: (727)362-6131 Fax Number

\*\*Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please.

Email	Address:		=
		-:	ά

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADVANTAGE TRAILER COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LELL'EUX

SEP - 5 2024

H24000300954-3

## **COVER LETTER**

TO:	_	tration Section		
	Divis	ion of Corporations		
SUBJI	ECT:	ADVANTAGE TRAILER COM	PANY, LLC	
		(Name of	Limited Liability Co	mpany)
The en	closed	l member, resignation or diss	ociation and fee(	s) are submitted for filing.
Please	return	all correspondence concerni	ng this matter to:	
Christo	pher A.	Bolen		
	<del>-</del>	(Contact Person)		
Adv	an ta	(Firm/Company)	4,666	_
5787 5	4th Ave	. N.		
		(Address)	· · · · · · · · · · · · · · · · · · ·	_
St. Pete	rsburg,	FL 33709		
	·· <del>······</del>	(City/State and Zip Code)	·····	
For fu	rther in	nformation concerning this m	atter, please call:	
Christo	pher A.	Bolen	at ( 317	727 - 3363
	(N	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclos  ☐ \$25		ase find a check made payab g Fee		Department of State for: g Fee & Certified Copy
		ng Address: stration Section		Street Address: Registration Section
		ion of Corporations		Registration Section Division of Corporations
	P.O. 1	Box 6327		The Centre of Tallahassee
	Tallal	nassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



H240003009543

## 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)

2. The Florida document/registration number a Li1000063308	ssigned to this limited liability company is:
3. The date this member/manager withdrew/res	signed or will withdraw/resign i. 8 2024
4. I, Timothy C. Dodgens  (Print Name of Person Resigning)	
Manager and Member	
resignation in writing.	ne limited liability company has been notified of my
Signature of Dissociating Member or Resignature Filing Fee:  \$25.00 (Required) Certified Copy: \$30.00 (Optional)	ming Manager  2024 SEP - 4 All