L11000128906

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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FILED 2012 DEC 12' AM II: 17 SECRETARY OF STATE TALLAHASSEE, FLORID

J. BRYAN

DEC 1 8 2012

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations**

COMMODITIES FREIGHT ALLIANCE CO., 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:

Ms. Heather Hall

(Contact Person)

COMMODITIES FREIGHT ALLIANCE CO., LLC

(Firm/Company)

6923 NARCOOSSEE RD, 613

(Address)

ORLANDO-FL 32822

(City/State and Zip Code)

For further information concerning this matter, please call:

MS. HEATHER HALL

407 352-6161

(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

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it ap		Florida Department
2. This limited liability FLORIDA	y company was organized und	er the laws of:	2012 DEC 12 AM 11: 1 SECRETARY OF STATI TALLAHASSEE, FLORI
3. The Florida docume L11000128906	ent/registration number of this	limited liability company	AHI: 17 SEE, FLORID
4. I, EXPRESS FLO	ORIDA DELIVERY CORP	, hereby resign as a MAN	AGER (Print Title)
of this limited liabilit resignation in writing	ty company and affirm the lim	ited liability company has	been notified of my
Signature of Resigni	ng Member, Managing Memb	er or Manager	
-	\$25.00 (Required) \$30.00 (Optional)		