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SECRETARY OF STATE

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Registration Section

TO:

CR2E079 (2/14)

Division of Corporations M J Express Trucking Services 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: Diane Delgado (Contact Person) M J Express Trucking Services LLC (Firm/Company) 2312 Clark Street, Ste B-1 (Address) Apopka, Florida 32703 (City/State and Zip Code) For further information concerning this matter, please call: 929-3499 Diane Delgado (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: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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)

| | the limited liability company M J Express Trucking Se | y as it appears on the records of the Floervices, LLC | orida Department |
|--------------------------------|---|---|-------------------------|
| | ocument/registration numbe | er assigned to this limited liability com | pany is: |
| 3. The date this | member/manager withdrew | /resigned or will withdraw/resign is: _ | 1/4/14 |
| | | elgado), hereby withdraw/resign as a | |
| Manager (N | | | |
| | (Print Title) | _ | |
| of this limited resignation in | | m the limited liability company has bee | en notified of my |
| Deni | e Delyado for | CJ Express | |
| Signature of | Dissociating Member or Re | esigning Månager | 5 1 |
| Filing Fee: | \$25.00 (Required) | | 4 NOV SECRE VLLAH |

Certified Copy:

\$30.00 (Optional)