## L13000 11844

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PIĆK-UP	WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	)
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<u></u>	
,u <sup>-t</sup>	Office Use On	, NV



800265155878

10/10/14--01022--016 \*\*100.00

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT 22 2014 T. CARTER

LLC MINGR RESIST

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AUTOPILOT TRANSPORTATION LLC	
(Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Victoria Bertrand	
(Contact Person)	_
Bloomgarden, Goudreau & Rosen, P.A.	
(Firm/Company)	_
8551 W. Sunrise Blvd., Suite 200	_
(Address)	
Fort Lauderdale, FL 33322	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please call	:
Victoria Bertrand 954	370-2222
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  \$25 Filing Fee  \$55 Filing	Department of State for:  ng Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



14 OCT 10 PM 2: 26



## 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)

	imited liability company as it appears on the records of the Florida Department  OPILOT TRANSPORTATION LLC
	ment/registration number assigned to this limited liability company is:
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: September 4, 301
	, hereby withdraw/resign as a mee of Person Resigning)
Manager	
(	Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)