## L1300000 29725

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/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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## **COVER LETTER**

TO:	FO: Registration Section Division of Corporations				
SUBJ	ECT: High Ine Auto (Name of Limited Liability Con	transport LLC			
The er	nclosed member, resignation or dissociation and fee(	s) are submitted for filing.			
Please	return all correspondence concerning this matter to:				
Br	Contact Person)	_			
1-+	(Firm/Company)	of UC			
4	+21 NW 6th court  (Address)	_			
PI	antation FL 33317 (City/State and Zip Code)	-			
For fu	rther information concerning this matter, please call:				
Br	(Name of Contact Person) at (Area Code	2210 & Daytime Telephone Number)			
	sed please find a check made payable to the Florida I 5 Filing Fee	Department of State for: g 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			

CR2E079 (2/14)



## 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)

1. The name of the l	imited liability company	as it appears on the records	of the Florida	a Department
of State is: 1+	ightine AL	sto trans	Port	LLC.
2. The Florida docu	ment/registration number	assigned to this limited lial	bility compan	y is:
	0029725			<i>i</i> .
3. The date this mer	nber/manager withdrew/re	esigned or will withdraw/re	esign is: _//	10/20
4. 1, 1 - 1 - 1	me of Person Resigning)	, hereby withdraw/re	esign as a	1
Man	ager Print Title)			
of this limited liab		the limited liability compar	ny has been no	otified of my
	<u>.</u>			() ()
Signature of Dis	sociating Member or Res	igning Manager	;* *.	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		, åş	E 05