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(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	÷ #)		
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Husky Cargo, LLC				
	ited Liability Co	mpany)		
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:			
Dwayne Pass				
(Contact Person)		_		
(Firm/Company)		_		
235 Apollo Beach Blvd., #409				
(Address)		_		
Apolio Beach, FL 33572				
(City/State and Zip Code)	•	_		
For further information concerning this matter	er, please call:			
Dwayne Pass	813 _at (649-1831	2015 SEC	
(Name of Contact Person)	(Area Code	e & Daytime Telephone Numb		•
Enclosed please find a check made payable to □ \$25 Filing Fee		Department of State for:	-5 P 2: 05	ר כ
STREET/COURIER ADDRESS:		MAILING ADDRES	· 05	
Registration Section		Registration Section		
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314	ļ	

Tallahassee, Florida 32301

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 of State is:	limited liability company as ky Cargo, LLC	s it appears on the re-	cords of the F	lorida D	epartm	ent
2. The Florida doc L1300007666	ument/registration number a 2	ssigned to this limite	ed liability cor	npany is ⊠ ∽		
3. The date this me	ember/manager withdrew/res	•		SSE (R)	2015 2015 2015 2015 2015	
(Print A	iame of Person Resigning) (Print Title)	. ,	S)F STATE . FLORIDA	P 2: 0 5	C
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability co	ompany has bo	een notif	ied of r	ny
Signature of D	me Pasa Issociating Member or Resig	gning Manager	-			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					