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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AJ ACCOUNTING SERVICES, INC.

Account Number : 120110000092 : (305)448-9584 Fax Number : (305)448-9569

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JP BLANCHET WORLDWIDE TRUCKS LLC.

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	RLDWIDE TRUCKS LLC.
(Na	ne of Limited Liability Company)
The enclosed member, resignation of	dissociation and fee(s) are submitted for filing.
Piease return all correspondence con	cerning this matter to:
HENRY R BLANCHET	
. (Contact Person)	
JP BLANCHET WORLDWIDE 1	RUCKS LLC.
(Firm/Company)	
7001 NW 16TH STREET, APT	405
(Address)	
PLANTATION, FL 33313	
(City/State and Zip C	de)
For further information concerning	his matter, please call:
HENRY R BLANCHET	786 269-1949
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made \$25 Filing Fee	ayable to the Florida Department of State for: \$\square\$ \$\square
STREET/COURIER ADDRESS:	MAILING ADDRESS: ≥∞
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle 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)

	limited liability company as	it appears on the records of the Florie TRUCKS LLC.	da Depar	tment 	•
2. The Florida docu L1300007847	_	ssigned to this limited liability compa	ny is:		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	31/2014	·	
4. I, HENRY R BI	LANCHET	, hereby withdraw/resign as a			
MGRM					
	(Print Title)				
resignation in writer	· · ·	e limited liability company has been	SECHLIALSSE	of my 14 NOV -3	de de speciel. Se de servicion Se de se de
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		OF STAT	M 9: 0	