

L13 0000 92235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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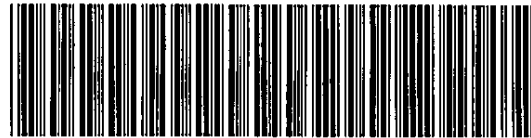
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
SEP 26 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEWELL & ADAMS TRUCKING, 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:

BOBBY E. ADAMS

(Contact Person)

SEWELL & ADAMS TRUCKING, LLC

(Firm/Company)

P.O. BOX 188

(Address)

BROOKER, FL 32622

(City/State and Zip Code)

For further information concerning this matter, please call:

BOBBY E. ADAMS

(Name of Contact Person)

at 352

745-1105

(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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department of State is: SEWELL & ADAMS TRUCKING, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000092235

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/16/2016

4. I, JUANITA S. ADAMS, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED MEMBER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Juanita S Adams
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

State of Florida
County of Union

Signed on 9/20/16

Melissa Williams

CR2E079 (2/1



MELISSA WILLIAMS
Notary Public, State of Florida
My Comm. Expires Aug. 25, 2018
Commission No. FF 154225
Bonded CNA Surety

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TALLAHASSEE, FLORIDA