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T. LEMILEUX

COVER LETTER

TO: Registration Section	ŧ
Division of Corporations	
SUBJECT: Atlantis trucking G (Name of Limited Liabi	parces. LLC
(Name of Limited Liabi	ility Company)
(Nume of Emines Elect	my company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
(Contact Person)	
1/ kmand Tahanes Hodron	γ .
(Contact Person)	
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Atlacetes taucicio Sone (Firm/Company)	CCS 460
(Firm/Company)	
(t time company)	
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Titosuille, FC, 32+80	
(City/State and Zip Code)	
For first or information concerning this metter place	a call.
For further information concerning this matter, pleas	e can:
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Velson Torcan at (3) (Name of Contact Person) (Are	21) 213-5-180_
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	arida Danartmant of State for
\$25 Filing Fee	\$55 Filing Fee &
\$25 Thing Fee	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ty company as it appe)epartr	nent
2. The Florida docu		tion number of this li	mited liability comp	any is:		
3. The date this mer	nber withdrey	w or will withdraw is:	10/31/20	1/3.		
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resignation in write	ting.	and affirm the limite		nas ocen nou	14 APR 14	SECRETARY PL
Filing Fee: Certified Copy:	\$25.00 (Re \$30.00 (O _I	•		:'	4 PM 11:47	A SE STATE