

# L13000114329

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/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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APPROVED  
AND  
FILED

14 APR 21 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
APR 28 2014  
EXAMINER

Division of Corporations

SUBJECT: ARIEL 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:

Dir Udi

(Contact Person)

ARIEL Udi TRUCKING LLC  
(Firm/Company)

20350 W. COUNTRY CLUB DR APT #4  
(Address)

AVENTURA, FL 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dir Udi

(Name of Contact Person)

at ( 954 ) 812 8448

(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ARIEL UDI TRUCKING LLC

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

L13000114329

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/16/14

4. I, NIR UDI, hereby withdraw/resign as a  
(Print Name of Person Resigning)

NIR UDI MGR  
(Print Title)

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

NIR UDI

Signature of Dissociating Member or Resigning Manager

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