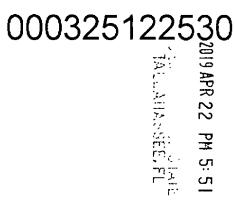
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(Requestor's Name)
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04/22/19--01037--014 **25.60

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: //S Truck Loads // (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:

Please return all correspondence concerning this matter to:
LisseT SilvA
(Contact Person)
Us Truckloads. Uc
(Firm/Company)
13149 NW 10 LN
(Address)
Miani FL 33182
(City/State and Vin Code)

(City/State and Zip Coda)

For further information concerning this matter, please call:

(Name of Contact Person) at (305) 560 9855.

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 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

CR26679 (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	limited liabilit	ty company as	it appears on t	he records of t	he Florida !	Depart	ment
of State is:						•	·
2. The Florida doci				imited liability	y company :	is:	
3. The date this me	<u> 13 000 1</u> :mber/manager		·	ithdraw/resign	n is: <u>4/</u> /	8/19	3
4. 1. <u>PAU</u> (Print N	<u>'Si/U.</u> lame of Person Re	A esigning)	, hereby w	vithdraw/resign	n as a		
AM	BR (Print Title)	·					
of this limited lia resignation in wr		and affirm the	e limited liabil:	ity company h			ľmy
Signature of Di	ssociating Mer	mber or Resign	ning Manager		TALL	2019 APR 22	
Filing Fee: Certified Copy:					IĂLL AHĀCSEE, E	22 PM 5: 5	