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C. LEWIS 20 20TH

#### **COVER LETTER**

SUBJECT: SMA LOGISTICS LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fce(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARCIOL. TANNUS
(Contact Person)

(Firm/Company)

(Guity/State and Zip Code)

For further information concerning this matter, please call:

MARCIO TANNUS
(Name of Contact Person)

(Area Code & Daytime Telephone Number)

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

#### STREET/COURIER ADDRESS:

Registration Section

**Division of Corporations** 

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 **MAILING ADDRESS:** 

\$55 Filing Fee & Certified Copy

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

CR2E079 (2/14)

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### 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 Florida Department  MA LOGISTICS, LLC .
2. The Florida docu	oment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 04/17/2014
4. I, /MAKC	10 L. TANNUS, hereby withdraw/resign as a ame of Person Resigning)
MANA	GCD (Print Title)
of this limited lial resignation in wr	coility company and affirm the limited liability company has been notified of my iting.
	All
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)
Certifica Copy:	\$30.00 (Optional)