L13000147435

(Requestor's Name)		
(Address)		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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S. WARREN JAN 2 9 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FAMILY TEAM TRANSPORT	TLLC	
	ted Liability Com	ipany)
The enclosed member, resignation or dissocia	ation and fee(s)	are submitted for filing.
Please return all correspondence concerning t	his matter to:	
YASSER MESA		
(Contact Person)		•
FAMILY TEAM TRANSPORT LLC		
(Firm/Company)		-
127 BLUE HARBOR DRIVE		
(Address)	· · · · · · · · · · · · · · · · · · ·	•
TAVERNIER,FLA. 33070		
(City/State and Zip Code)		•
For further information concerning this matte	r, please call:	
YASSER MESA	305 at (363-9573)
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 a of State is: FAMILY TEAM TRANSPOR	s it appears on the records of the Florida Department
2. The Florida document/registration number a L13000147435	assigned to this limited liability company is:
3. The date this member/manager withdrew/re.	signed or will withdraw/resign is:
MARIA PEREZ	, hereby withdraw/resign as a
4. I, (Print Name of Person Resigning)	
VP/ MANAGING MEMBER #2	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	he limited liability company has been notified of my
Signature of Distorianng Member or Resignation	gning Manager
\ MP	;
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	JAN 20
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