L13000172139

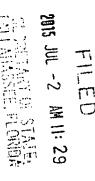
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

Clifton Building

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

Registration Section Division of Corporations ¥.,

(Name of Limited Di	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to:
Sergio Mediculo (Contact Person)	
MBO Transport LLC (Firm/Company)	<u>. </u>
742 MaNatee Ba	y DIR
Boynton Beach, Fl. 3 (City/State and Zip Code)	3435
For further information concerning this matter, ple	ase call:
Sergio Medica Dat (A	SGL) 777-3837 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: 55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314



FILED 2015 JUL -2 AN II: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 as it appears on the records of the Florida Department
of State is: MBO Transport LLc
2. The Florida document/registration number assigned to this limited liability company is:
L13000172139
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \
4. I, Corlos (ellowo, hereby withdraw/resign as a (Print Name of Person Resigning)
Manage 1 (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)