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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
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R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ATL Transport 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: (Contact Person)
ATL Transport LCC (Firm/Company)
6001 NW 153 ST #200 (Address)
lliani Lahes, FL 33014 (City/State and Zip Code)
For further information concerning this matter, please call:
Starler Dunez at (786) 709 7869 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{25}\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

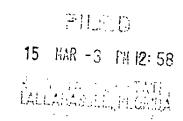
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section

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

CR2E079 (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 liability company as it appears on the records of the Florida Department
of State is:	TZ Transport, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
	00177250
3. The date this me	mber/mahager withdrew/resigned or will withdraw/resign is: 12/4/2014
4. I, 1010	, hereby withdraw/resign as a
Men	ame of Person Resigning) DEF Print Title)
of this limited lial	pility company and affirm the limited liability company has been notified of my ting.
Vellers	Edarif
Signature of Bi	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)