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(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
(,			
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE OF STATE OF CORPORATIONS

C. LEWIS

AUG 6 2014

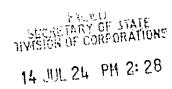
EXAMMER

COVER LETTER

-	stration Section sion of Corporations			
SUBJECT:	JRB Hauling, LLC			
	(Name of Limit	ed Liability Con	npany)	
The enclosed	d member, resignation or dissocia	tion and fee(s) are submitted for filing.	
Please return	all correspondence concerning the	his matter to:		
Rebecca Be		-1	_	
	(Contact Person)			
JRB Haulin	g LLC			
	(Firm/Company)		-	
3163 Lanni	e Road		_	
	(Address)			
Jacksonville	e, FL 32218			
	(City/State and Zip Code)		_	
For further in	nformation concerning this matter	r, please call:		
Rebecca B		904 at (699-5324	
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee				
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: 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)

	limited liability company as Hauling, LLC	it appears on the records of the Florida Department
	ument/registration number as	esigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
4. I, Michael Bowen (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
Authorized Pe	erson	
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Michel	A Bowen	
	issociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:		