## L14000051695

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700263033247

08/13/14--01007--016 \*\*25.00

SECTION OF CHAPMATION

C. LEVVIS

AUG 2 1 2014

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Universal Moving and Delivery LL( (Name of Limited Biability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Melissa Rae Gross (Contact Person)
(Firm/Company)
1516 Flynn Rd, North Fort Myers (Address)
FL, 33903 (City/State and Zip Code)
For further information concerning this matter, please call:
Melissa Gross at (239) 333-7755  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  2 \$25 Filing Fee

**MAILING ADDRESS:** 

Tallahassee, Florida 32314

Registration Section Division of Corporations

P.O. Box 6327

CR2E079 (2/14)

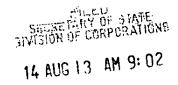
STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
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 as it appears on the records of the Florida Department
of State is:	niversal Moving and Delivery LLC.
2. The Florida docu	iment/registration number assigned to this limited liability company is:
L140000	51695
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 8/8/14
4. I, Meliss (Print N	ame of Person Resigning), hereby withdraw/resign as a
_manae	Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Meli	un Trum
	ssociating Member or Resigning Manager
Filing Fee:	
Certified Copy:	\$30.00 (Optional)