L14000051789

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SECRETARY OF STATE

C.L.1714

COVER LETTER

TO: Registration Section Division of Corporations GOD WORKS HAULING, LLC **SUBJECT:** (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: JOHNSON JOSEPH (Contact Person) GOD WORKS HAULING, LLC (Firm/Company) 3211 NE 7TH AVE, APT. A (Address) POMPANO BEACH, FL 33064 (City/State and Zip Code) For further information concerning this matter, please call: JOHNSON JOSEPH (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee 第 \$55 Filing Fee & Certified Copy MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

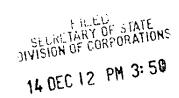
CR2E079 (2/14)

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 as it appears on the records of the Florida Department of State is: GOD WORKS HAULING, LLC		
2. The Florida docu L1400005178	ument/registration number assigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12/05/2014	
4. I, ISELANDE J		
MGR		
 	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.	
7		
Signature of Di	ssociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	