## L14000071554

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## **COVER LETTER**

Registration Section

TO:

Division of Corporations MULTI TASKERS TRANSPORT 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: MAUREEN GRAMS (Contact Person) MULTI TASKERS TRANSPORT LLC (Firm/Company) 113 TENNESSEE AVE (Address) CRESCENT CITY, FL 32112 (City/State and Zip Code) For further information concerning this matter, please call: 300-8170 MAUREEN GRAMS at ( (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S55 Filing Fee & Certified Copy ☐ \$25 Filing Fee Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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 it appears on the records of the Florida Departmen TASKERS TRANSPORT LLC
2. The Florida doc L14000071554	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
LOCAN DICE	
AUTHORIZED N	
	Print Title)
resignation in wr	
Signature of D	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)