L14000074687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

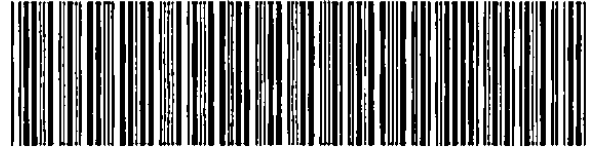(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

SUBJECT: Almax Cargo 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:

Jimena Sanchez
_____
(Contact Person)

Almax Cargo LLC
_____
(Firm Company)

10300 NW 19th St Ste 111
_____
(Address)

Doral, FL 33172
_____
(City State and Zip Code)

For further information concerning this matter, please call:

Jimena Sanchez   305   878-0812
_____ at (_____) _____
(Name 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   ☐ $55 Filing Fee & Certified Copy

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: Almax Cargo LLC _____.

2. The Florida document/registration number assigned to this limited liability company is:

   L14000074687
   _____.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/27/2022 _____

4. I, Marcelo Irigoin _____, hereby withdraw/resign as a
   (Print Name of Person Resigning)

   Manager
   _____.
   (Print Title)

   of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

   _____
   Signature of Dissociating Member or Resigning Manager

   Filing Fee: $25.00 (Required)
   Certified Copy: $30.00 (Optional)

CR2E079 (2/14)