1400076697

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: EXPRESS LINES TRANSPORT SERVICES 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:

MARIA DE LOS ANGELES GONZALEZ

(Contact Person)

AMARO ACCOUNTING SERVICES PA

(Firm/Company)

3107 NE 4TH STREET

(Address)

HOMESTEAD FL 33033

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA DE LOS ANGELES GONZALEZ	786	556-3424
	_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 Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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)

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

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3. The date this member/manager withdrew/res	signed or will withdraw/resign is:	10/15/	2017
4. I.	, hereby withdraw/resign as	a <u>.</u>	2
(Print Name of Person Resigning)		-	င္မာ
MGR			6 4

(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: Certified Copy: \$25.00 (Required) \$30.00 (Optional)