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(Re	questor's Name)	1		
bA)	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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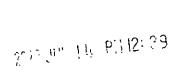


C. GOLDEN Aug 2 3 2020

COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	LOKY TRUCK LLC.			
	(Name of Limited Liability Company)			
The enclose	d member, resignation or diss	ociation and fee(s) are submitted for filing.	
Please return	n all correspondence concerni	ng this matter to:		
ROILO LOPE	Z ALVAREZ			
	(Contact Person)		·	
LOKY TRUC	K LLC			
	(Firm/Company)	,	-	
7519 ARMAN	ND CIRCLE			
	(Address)		_	
TAMPA, FL	33634			
	(City/State and Zip Code)	<u>.</u>	-	
For further i	nformation concerning this m	atter, please call:		
ROILO LOPE		813 at (802-8119	
(:)	Jame of Contact Person)		& Daytime Telephone Number)	
=	ease find a check made payable		•	
□ \$25 Filin	g ree	■ 200 Filing	g Fee & Certified Copy	
	ng Address:		Street Address:	
-	stration Section sion of Corporations		Registration Section Division of Corporations	
P.O.	Box 6327		The Centre of Tallahassee	
Talla	ahassee, FL 32314		2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	





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 TRUCK LLC.	appears on the records of the Florida Dep
		gned to this limited liability company is:
3. The date this mo	mber/manager withdrew/resign	ned or will withdraw/resign is:
4. I. MILAYDA CARIDAD CASTILLO CASTILLO (Print Name of Person Resigning)		
VICE PRESIDEN		
	(Print Title)	
of this limited lia resignation in wr	* * * * * * * * * * * * * * * * * * * *	imited liability company has been notified
Signature of D	issociating Member or Resigni	ng Manager
_	\$25.00 (Required) \$30.00 (Optional)	