LIU000146479

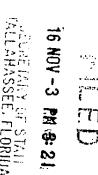
(Requestor's Name)			
(Address)			
(Address)			
,			
(0), (0), 7, (0),, 6			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(00000000000000000000000000000000000000			
0.00.10.1			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



600291903496

11/03/16--01019--014 **25.00



[107 0 4 2].;

Y SULKER

COVER LETTER

TO:

Tallahassee, Florida 32301

CR2E079 (2/14)

Registration Section Division of Corporations ROCANEL FREIGHT SERVICE 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: CARAVACA, ROBERT, SR. (Contact Person) ROCANEL FREIGHT SERVICE LLC (Firm/Company) 3526 OCITA DR. (Address) ORLANDO, FL 32837 (City/State and Zip Code) For further information concerning this matter, please call: CARAVACA, ROBERT, SR. (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 STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 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)

1. The name of the	limited liability company as	s it appears on the records of the Florida Department
of State is:	CANEL FREIGHT SERVICE	CE LLC
2. The Florida doc	•	ssigned to this limited liability companyis:
3. The date this member/manager withdrew/res 4. I, ROBERT CARAVACA		
(Print)	Name of Person Resigning)	, notes, while the second
	ized Member	•
	(Print Title)	
of this limited lia resignation in wi		ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	ming Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	