

L14000151647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

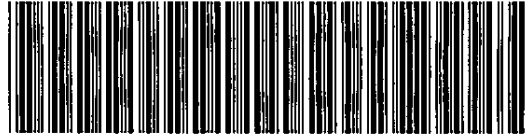
(Document Number)

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FILED

2015 Mar 23 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 20 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US 1 TAXI & CAB SERVICE, 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:

DAVID C. CONLON
(Contact Person)

CONLON & ASSOCIATES, LLC
(Firm/Company)

611 SW FEDERAL HIGHWAY, SUITE J
(Address)

STUART, FL 34994
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID C. CONLON at 772 221-1040
(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:

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



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)

2015 Mar 23 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: US 1 TAXI & CAB SERVICE, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000151647

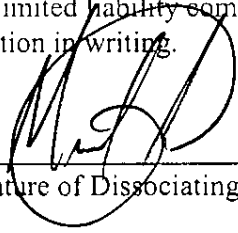
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/06/2015

4. I, MIGUEL I. PIETER, 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.


2-6-15
Signature of Dissociating Member or Resigning Manager

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