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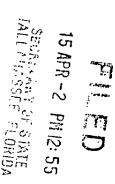
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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(1RM) 4-7-15

COVER LETTER

Division	of Corpor	ations		•							
SUBJECT: _	F			TRU	CKS		LC			, –	
					•	, -					
The enclosed m	ember, res	ignatio	on or diss	sociation	and fee(s) are	submitte	d for fili	ng.		
Please return al	l correspon	dence	concern	ing this n	natter to:						
Josz	М.	AR	RZAZO	Δ							
	(Con	tact Pers	on)			_			****,		
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For further info	rmation co	ncerni	ng this n	natter, ple	ease call:						
Josz	M.	AR	RED	<u>ζΛ</u> at (_	954	<u>4</u>	044	673		_	
(Nam	e of Contac	t Perso	n)	(/	Area Code	& Da	ytime Tel	lephone l	Number)	i	

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

\$25 Filing Fee

TO:

Registration Section

MAILING ADDRESS:

□ \$55 Filing Fee & Certified Copy

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)

	nited liability company as it appears on the records of the Florida Department
of State is:	F& M TRUCKS 2LC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
	0158668
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: 3/25/15
4. I, GARCIA, (Print Nam	of Person Resigning), hereby withdraw/resign as a
MGR	
(Pr	int Title)
of this limited liabilities	ity company and affirm the limited liability company has been notified of my
Jus.	Gue
	ociating Member or Resigning Manager
Filing Fee:	· • /
Certified Copy:	\$30.00 (Optional)