

L14000161389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

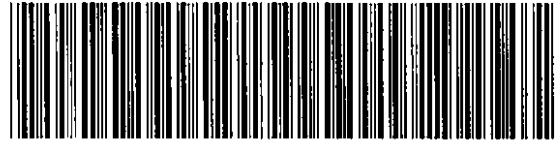
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900294888499

02/22/17--01012--021    \*\*25.00

FILED  
2017 FEB 22 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

FEB 23 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Xander Iliezer Trucking 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:

Stephen Rodriguez

(Contact Person)

Xander Iliezer Trucking LLC

(Firm/Company)

7138 Moderna way

(Address)

Orlando, Florida 32822

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Rodriguez

(Name of Contact Person)

at ( 678 ) 900-5205

(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



FILED  
2017 FEB 22 PM 0:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 it appears on the records of the Florida Department of State is: Xander Iliezer Trucking LLC

2. The Florida document/registration number assigned to this limited liability company is:  
FEI/EIN 47-2094295 L14000161389

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/07/2017

4. I, Moraima Acosta, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

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