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COVER LETTER

Division of Corporations	
Garra Charrua Transport, LLC	
SUBJECT:	
(Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
Karen Luz Castro	
(Contact Person)	
Garra Charrua Transport, LLC	
(Firm/Company)	
524 NW 23rd PL	
(Address)	<u>-</u>
Miami, FL 33125	
(City/State and Zip Code)	
For further information concerning this matter, please call	:
Karen Luz Castro 786	586-0584
(Name of Contact Person) (Area Coc	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee □ \$55 Filing	Department of State for: ng 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

CR2E079 (2/14)





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:	ra Charrua Transport, LLC	
	•	signed to this limited liability company is:
L1500004324	9	
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is: 06/30/2017
lorgo Adrian	Castro	, hereby withdraw/resign as a
Vice-Presider	nt	
	(Print Title)	
of this limited lia resignation in wr	• •	e limited liability company has been notified of my
Signature of Di	issociating Member or Resign	ning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	