L1500056648

(Red	questor's Name)			
(Add	lress)			
(Add	lress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		i		

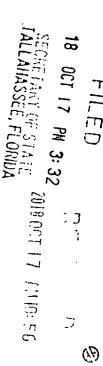
Office Use Only



000319765170

10/18/18--01009--011 **55.00

OCT 2 7 2018 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: AOC EXPRESS LLC			
(Name of Limited Liability Con	npany)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:			
LAWRENCE BARKMEYER			
(Contact Person)	-		
C/O AOC EXPRESS LLC	TALL!	18	
(Firm/Company)	- A	0CT	
6531 N W 87th AVENUE	SEE.	OCT 17 PM 3: 32	i
(Address)	FLOST	.ತ≛ ಬ	•
DORAL, FL 33178	VIDA	: 32	
(City/State and Zip Code)	-		
For further information concerning this matter, please call:			
AIMEE LOBATO RAMOS 786	502 8787		
	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida D □ \$25 Filing Fee □ \$55 Filing	Department of State for: § Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

	he limited liability company as DC EXPRESS LLC	it appears on the records of the	Florida Department
	ocument/registration number as	signed to this limited liability co	ompany is:
3. The date this r	member/manager withdrew/resi	gned or will withdraw/resign is:	10/08/2018
4. I, LUKE BAR	KMEYER	, hereby withdraw/resign as	i a
AMBR			
of this limited l	(Print Title) liability company and affirm the	e limited liability company has b	peen notified of my
resignation in v	writing.		OCT 17 METAGY (AllASSEE
Signature of	Dissociating Member or Resign	ning Manager	LED 17 PN 3: (10 STATE EE, FLORID
Filing Fee:	\$25.00 (Required)		¥ 32

Certified Copy:

\$30.00 (Optional)