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| (Re | equestor's Name) | | | | | |
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| (Ac | ddress) | | | | | |
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| (Ci | ty/State/Zip/Phon | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bi | usiness Entity Na | me) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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2015 JUN 11 PK 5:

K.SALY EXAMINER JUN 11 2015

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (2/14)

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: West Florida Transpor | tation Group, LLC Company) |
| The enclosed member, resignation or dissociation and fe | e(s) are submitted for filing. |
| Please return all correspondence concerning this matter t | to: |
| Duane Miller (Contact Person) | |
| West Florida Limousines, I | īn e |
| 6261 Donnington Ct | |
| Sarasota, FL 34238 (City/State and Zip Code) | |
| For further information concerning this matter, please ca | ıll: |
| Name of Contact Person) at (941) (Area Co | ode & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Fil | a Department of State for: ing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle | 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)

| 3525 | · · · · · · · · · · · · · · · · · · · | | | | m 11 m | , |
|-----------------------------|---------------------------------------|--------------------------|-----------------|---------------------------------------|---------------|----------|
| • | is: West F1 | | | · · · · · · · · · · · · · · · · · · · | • | ment |
| 2. The Flo | rida document/regi | stration number a | ssigned to this | limited liability | company is: | |
| E150 | this member/man | | | | | 2015 |
| | Olna Drias (Print Name of Person | | | withdraw/resign | | |
| | Member (Prini Tule) | | | | ; | ¢ |
| of this lim resignatio | nited liability comp n in writing. | any and affirm th | e limited liabi | lity company has | been notified | of my |
| Signatur | e of Dissociating | Member or Resig | ning Manager | | | e e |
| Filing Fee: Certified Co | | (Required) (Optional) | | | | |
| | | | en i fre en en | *** | · e* | |
| CR2E079 (2/14) | Secret States | | | | | |