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Registration Section

Division of Corporations TELLES & LESSA LOGISTICS LLC SUBJECT: (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: **HECTOR CARRENO** (Contact Person) TAX SOLUTIONS & BOOKKEEPING LLC (Firm/Company) 6220 S ORANGE BLOSSOM TR - STE 100 (Address) ORLANDO, FL 32809 (City/State and Zip Code) For further information concerning this matter, please call: MARCO A DA GAMA SEIXAS TELLES (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy S25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section **Registration Section** Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED EIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company a	s it appears on the records of the Florida Department
of State is: TEL	LES & LESS A LOGISTIC	LLC
2. The Florida doc	ument/registration number a	ssigned to this limited liability company 👸 🛴 🛴
L15000118078		70EC
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
4. I		, hereby withdraw/resign as a
(Print Name of Person Resigning)		RA C
AUTHORIZED MEMBER		<i>≥</i> . ⊘
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	