## 115000146597

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(Address)				
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Ronafin

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I ALBRITTON

## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Division of Corporations					
SUBJECT: N' CAMPOS TRUCKIN	ng LLC				
(Name of Limited Liability Company)					
The enclosed member, resignation or dissociation and fee(s) are sub-	omitted for filing.				
Please return all correspondence concerning this matter to:					
NIVALDO CAMPOS  (Contact Person)					
(Contact Person)					
N C ANDOS TRUMINO LLC					
(Firm/Company)					
3401 rw 99 st					
(Address)					
msm FC 33147					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
NYALDO AMPOS at (305)  (Name of Contact Person) (Area Code & Dayti	216 3870				
(Name of Contact Person) (Area Code & Dayti	me Telephone Number)				
Enclosed please find a check made payable to the Florida Departme \$25.Filing:Fee \$4.					
Registration SectionRegistrDivision of CorporationsCDivisionClifton BuildingP.O. Both	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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)

1. The name of the lin	nited liability	company as it a	ppears on the records	of the Florida Department
of State is:	2.	cvw6o2	truing	LLC.
2. The Florida docum	ent/registratio	n number assigr	ned to this limited liab	oility company is:
L150	00146	597		
3. The date this mem	ber/manager w	vithdrew/resigne	d or will withdraw/re	sign is: 6/1/19
4. I, Dennis		tillo		
	SSR	'		
of this limited liabil resignation in writin	ity company a	nd affirm the lin	nited liability compar	y has been notified of my
Den	ins(1)	inho		
Signature of Disso	ociating Meml	ber or Resigning	Manager	
Filing Fee:	\$25.00 (Requ	uired)		
Certified Copy:	\$30.00 (Opti	onal)		