# L15000 195905

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		·		

Office Use Only



900286036959

05/24/16--01015--002 \*\*25.00



MAY 27 2016 J. HARRIS

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: SMART WAY TRANSPORT	r systems, L	LC
· · · · · · · · · · · · · · · · · · ·	nited Liability Com	pany)
The enclosed member, resignation or dissoc	iation and fee(s)	are submitted for filing.
Please return all correspondence concerning	this matter to:	
Pedro Bracho		
(Contact Person)		•
Smart Way Transport Systems, LLC		
(Firm/Company)		•
8667 SW 159th Place		
(Address)	·	•
Miami, Fl 33193		
(City/State and Zip Code)		•
For further information concerning this matt	ter, please call:	
Pedro Bracho	305 at (	3039001
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable a  ■ \$25 Filing Fee		epartment of State for: 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)

	limited liability company as art Way Transport System	s it appears on the records of the Florida Department
2. The Florida doc L1500019590	_	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is: May 16, 2016
Holon Toron		, hereby withdraw/resign as a
AMBR		
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of D	ssociating Member or Resig	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	ming Manager  CRETARY 24 PH 2: 48  AHASSEE, FLORIC