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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
	- International Control	
(Bu	siness Entity Na	me)
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section		
Division of Corporations		
RVO EXPRESS, LLC SUBJECT:		
	e of Limited Liability Company)	
The enclosed member, resignation or	dissociation and fee(s) are submitted for filing.	
Please return all correspondence conce	erning this matter to:	
RICARDO VELEZ		
(Contact Person)		
RVO EXPRESS, LLC		
(Firm/Company)	·	
12284 HUNTSMAN LANE		
(Address)		
ORLANDO, FLORIDA 32826		े - र्ज्
(City/State and Zip Code	2)	3
For further information concerning thi	is matter, please call:	
RICARDO VELEZ	407 569-9988 at ()_	
(Name of Contact Person)	(Area Code & Daytime Telephone Numb	ber)
Enclosed please find a check made page \$25 Filing Fee	yable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy	
Mailing Address: Registration Section	Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 it appears	on the records of the Florida Department	
2. The Florida doc	nment/registration number assigned to	this limited liability company is:	
DADDADAVE	67	rill withdraw/resign is: 1/28/2020	
4. I, Print A	ame of Person Resigning) . here	eby withdraw/resign as a	
Title MGR	ant of Person Resigning		
	Print Title)		
of this limited lia resignation in wr		iability company has been notified of my:	:
Signature of D	ssociating Member or Resigning Mana	nger	
	\$25.00 (Required) \$30.00 (Optional)		