LIL 000133645

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APR 07 2021 R. HUNT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ow Level Trons (Name of Limited Liab	SPOCH LLC- illity Company)
The enclosed member, resignation or dissociation ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to:
Jossica Wein (Contact Person)	
Cow Level Transport	tuc.
1460 Benevento St (Address)	
St Cloud FL 34771 (City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
(Name of Contact Person) at (7.	32 433-6737 ca Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl	orida Department of State for: 5 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 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 limited liability company as it appears on the records of the Florida Departr of State is: LCW Level Trovsport L.L.C.	nent
2. The Florida document/registration number assigned to this limited liability company is:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-1-2 4. I, hereby withdraw/resign as a	<u>0</u> 2(
(Print Name of Person Resigning) (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of resignation in writing.	my
Signature of Dissociating Member or Resigning Manager	
Signature of Dissociating Memori of Resigning Manager	2(

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)