16000141256

(Requestor's Name)	
(Address)	50036890
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	07/13/2101018
(Business Entity Name)	1
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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Office Use Only



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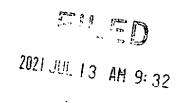
MON I DEVIA I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Fruit Boy Tabricators (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to:	
Sawley Number (Contact Person)		
(Firm/Company)		
11625 SW 98CF (Address)		
MAM P/ 33/76 (City/State and Zip Code)	-	
For further information concerning this matter,	please call:	
SAN (PY NONEZ at (Name of Contact Person)	(56/) 480-0335 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303





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
of State is: 7	Truck Body Fabricators 11C.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
4 160001	141256
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: _6-1-202
4. I, SAN (R	Y NUN e Z, hereby withdraw/resign as a ame of Person Resigning)
MA NAGE	Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
SAM	2
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)