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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MUNDO NUEVO USA LOG	·	
(Name of Lin	nited Liability C	ompany)
The enclosed member, resignation or dissoci	iation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
CARPIO, JOSE LEONARDO		
(Contact Person)		<u>. </u>
MUNDO NUEVO USA LOGISTICS, LLC		
(Firm/Company)		
8283 NW 64TH STREET SUITE # 2		
(Address)		- -
MIAMI, FL 33166		
(City/State and Zip Code)		_
For further information concerning this matter	er, please call	:
CARPIO, JOSE LEONARDO	786	4526806
(Name of Contact Person)	- \ 	e & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g 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)

	Himited liability company as it appears on the records of the Florida Department NDO NUEVO USA LOGISTICS, LLC
2. The Florida doc L1600015049	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Jorge L Cana	, hereby withdraw/resign as a lame of Person Resigning)
Member and	
-	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)