## L16000163133

(Reques	or's Name)	
(Address	)	
(Address	.)	
(City/Sta	te/Zip/Phone #)	
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2017 APR 14 AM ID: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

K. SALY APR 18 2017

## **COVER LETTER**

то:	Registration Section Division of Corporations			
SHRI	PALMEROS TRUCKI	NG LLC		
300	(Name of Limited Liability Company)			
The c	nclosed member, resignation or dissociat	ion and fee	(s) are submitted for filing.	
Please	e return all correspondence concerning th	iis matter to	):	
	GUSTAVO RODRIGUEZ VALDES			
	(Contact Person)		—	
	PALMEROS TRUCKING LLC			
	(Firm/Company)	<u> </u>	_	
	5260 SW 5TH STREET			
	(Address)			
	CORAL GABLES, FL 33134			
-	(City/State and Zip Code)			
For fu	arther information concerning this matter	, please cal	l:	
GUS	TAVO RODRIGUEZ VALDES	239 at (	822-0540	
	(Name of Contact Person)		de & Daytime Telephone Number)	
	osed please find a check made payable to 5 Filing Fee		Department of State for: ng Fee & Certified Copy	
	EET/COURIER ADDRESS:		MAILING ADDRESS:	
~	stration Section ion of Corporations		Registration Section Division of Corporations	
	on Building		P.O. Box 6327	
	Executive Center Circle		Tallahassee, Florida 32314	
Tallal	hassee, Florida 32301			

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)

1. The name of the	limited liability company as i	t appears on the records of the Florida Department
of State is:	ALMEROS TRUCKING LLC	·
L1600016313	-	signed to this limited liability company is:
		gned or will withdraw/resign is: AUG 30, 2016
4. I. ORLANDO ROSALES DIAZ  (Print Name of Person Resigning)		
1	AMBR .	
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
æ		
Signature of D	issociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	