## 116 000 178201

| (Requestor's Name)                      |
|-----------------------------------------|
|                                         |
| (Address)                               |
|                                         |
| (Address)                               |
|                                         |
| (City/State/Zip/Phone #)                |
|                                         |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
|                                         |
| Special Instructions to Filing Officer. |
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Office Use Only



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## **COVER LETTER**

| <b>TO:</b> Registration Section Division of Corporations                                           |                    |                                                                                                                          |                       |
|----------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Division of Corporations                                                                           |                    |                                                                                                                          |                       |
| BST Trucking, LLC SUBJECT:                                                                         |                    |                                                                                                                          |                       |
|                                                                                                    | ited Liability Con | npany)                                                                                                                   | •                     |
| The enclosed member, resignation or dissoci                                                        | ation and fee(s    | s) are submitted for filing.                                                                                             |                       |
| Please return all correspondence concerning                                                        | this matter to:    |                                                                                                                          |                       |
| Ronni Kownack                                                                                      |                    |                                                                                                                          |                       |
| (Contact Person)                                                                                   |                    | _                                                                                                                        |                       |
| BST Trucking, LLC                                                                                  |                    | ,                                                                                                                        | 202                   |
| (Firm/Company)                                                                                     | -                  |                                                                                                                          | Ω<br>AP               |
| 1517 15th Lane                                                                                     |                    | <br><br>                                                                                                                 | 2023 APR 24 AM 11: 00 |
| (Address)                                                                                          |                    | -<br>*                                                                                                                   | E                     |
| Palm Beach Gardens, FL, 33418                                                                      |                    | · .                                                                                                                      | 11: 01                |
| (City/State and Zip Code)                                                                          |                    | _                                                                                                                        | 0                     |
| For further information concerning this matter                                                     | er, please call:   |                                                                                                                          |                       |
| Ronni Kownack                                                                                      | 904<br>_ at (      | 629-0557                                                                                                                 |                       |
| (Name of Contact Person)                                                                           | (Area Code         | & Daytime Telephone Number)                                                                                              | •                     |
| Enclosed please find a check made payable to                                                       |                    | Department of State for: g 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 Trucking, LLC |                               | s of the Florida Department |  |
|------------------------------------------|--------------------------------------------|-------------------------------|-----------------------------|--|
| 2. The Florida doc                       | ument/registration number ass              | signed to this limited lia    | ability company is:         |  |
| 3. The date this me                      | ember/manager withdrew/resi                | gned or will withdraw/re      | esign is:                   |  |
| D.J C 111                                |                                            | , hereby withdraw/resign as a |                             |  |
| AMBI                                     |                                            |                               |                             |  |
|                                          | (Print Title)                              |                               |                             |  |
| of this limited lia<br>resignation in wr | bility company and affirm the iting.       | e limited liability compa     |                             |  |
|                                          |                                            |                               | 2023 APR 24                 |  |
| (Signature of D                          | issociating Member or Resign               | ing Manager                   | 24 A                        |  |
|                                          | \$25.00 (Required)<br>\$30.00 (Optional)   |                               | AHII: O                     |  |