

L16000197912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

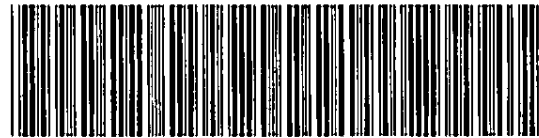
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

n BRUCE  
AUG 01 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A&J's Southern Express Trucking  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Florence Allman

(Contact Person)

A&J's Southern Express Trucking

(Firm/Company)

4450 Song Sparrow Drive

(Address)

Middleburg, Florida 32068

(City/State and Zip Code)

For further information concerning this matter, please call:

Florence Allman

(Name of Contact Person)

at ( 904 )

318-1980  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing 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

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TALLAHASSEE, FLORIDA



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 Department of State is: A&J's Southern Express Trucking LLC

2. The Florida document/registration number assigned to this limited liability company is:

L16000197912

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

Tierainie C. Johnson

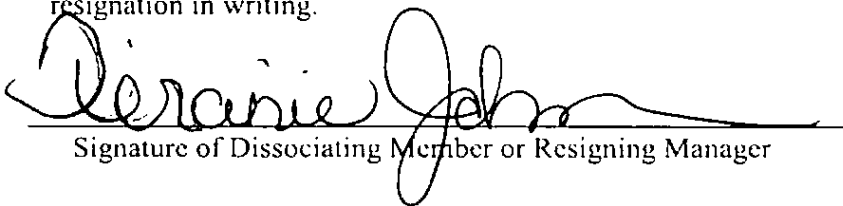
4. I, \_\_\_\_\_, hereby withdraw/resign as

*(Print Name of Person Resigning)*

VP

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)



