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COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Team Prince Logistics (Name of Limited Liability Compa	LLC iny)
The enclosed member, resignation or dissociation and fee(s) a	re submitted for filing.
Please return all correspondence concerning this matter to:	
Ravin Weaver (Contact Person)	
Team Prince Logistics LLC (Firm/Company)	
7748 Highchair In	
Jacksonville FL 32210 (City/State and Zip Code)	2417 MOV - 3
For further information concerning this matter, please call:	TLAHASSELA P
Ravin Weaver at (904) (Name of Contact Person) (Area Code &	Daytime Telephone: Number)
Enclosed please find a check made payable to the Florida Dep ✓ \$25 Filing Fee ✓ \$55 Filing F	partment of State for: ee & Certified Copy
Registration SectionRDivision of CorporationsDClifton BuildingP	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314



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 lial	oility company	as it appears on the	records of th	ie Florida	a Departme
of State is: Te	<u>tam</u>	Prince	Logistics	LLC		
2. The Florida doci	ument/regis	tration number	assigned to this lim	nited liability	company	y is:
L1700	0050	989	·			
3. The date this me	:mber/mana	ger withdrew/r	esigned or will with	idraw/resign	is: <u>10</u> ~	2.17
	Alvin Jame of Perso	n Resigning)	, hereby with	hdraw/resign	as a	241
		ec			LAHASS	29:7 NOV -
of this limited lia resignation in wr		any and affirm	the limited liability	company ha	s been no	5 G
					0 ≯	32
Signature of Di	issociating	Member or Res	igning Manager			
Filing Fee:						
Certified Copy:	\$30.00	(Optional)				