L170000 50989

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3/25/19 05

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Team Prince 1 (Name of Limited L	CAISTICS LLC iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to:
Ravin Weaver (Contact Person)	SECULO HAM 15
Team Prince Logistics (Firm/Company)	ANSSEEL P
7748 Highchair Lane (Address)	FLORIDA
Jacksch VIIIe FL 32210 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
· · · · · · · · · · · · · · · · · ·	904) 553 - 1878 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: 55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2001 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

	TALL TALL
1. The name of the limited liability company as it a	ppears on the records of the Florida Department
of State is: Team Prince	Logistics LLC FOR D
2. The Florida document/registration number assign	ned to this limited liability company is
L1700050989	
3. The date this member/manager withdrew/resigne	d or will withdraw/resign is: 12/31/2018
4. 1, Daron Alvin (Print Name of Person Resigning)	_, hereby withdraw/resign as a
Manager	
of this limited liability company and affirm the lin resignation in writing.	nited liability company has been notified of my
Signature of Dissociating Member or Resigning	Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	