## 47000083376

(Re	equestor's Name)	<u></u>		
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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O SIMMAONS APR 1 7 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	FLORIDA BOYS TRANSPO	RT	
		ited Liability Co	empany)
The e	nclosed member, resignation or dissoci	ation and fee(	s) are submitted for filing.
Please	e return all correspondence concerning	this matter to	:
Mich	ael Andrews		
	(Contact Person)		<del>_</del>
FLOI	RIDA BOYS TRANSPORT, LLC		
	(Firm/Company)		<del>_</del>
107	Stewart Lake Loop		
	(Address)		
Grov	reland, FL 34736		
	(City/State and Zip Code)		_
For fu	urther information concerning this matt	er, please call	:
Mich	ael Andrews	352	457-3877
	(Name of Contact Person)		le & Daytime Telephone Number)
	osed please find a check made payable t 5 Filing Fee	o the Florida  \$55 Filir	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 hassee, Florida 32301		Tallahassee, Florida 32314

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 of State is: FLORIDA BOYS TRANSPOR	it appears on the records of the Florida Department  T, LLC
2. The Florida document/registration number as	signed to this limited liability company is
L1700083376	
3. The date this member/manager withdrew/resi 4. I.	gned or will withdraw/resign is: 8/1/2017 $\omega$ [7], hereby withdraw/resign as a
(Print Name of Person Resigning)	
VICE PRESIDENT	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	e limited liability company has been notified of my
Minhael Mall	
Signature of Dissociating Member or Resign	ning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)