

U7000125467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

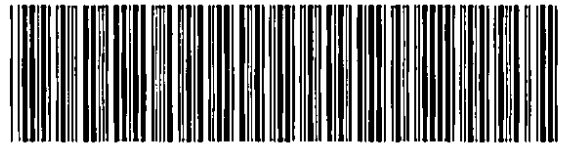
(Business Entity Name)

(Document Number)

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JAN 16 2019  
S. YOUNG

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19 JAN 10 PM 6:26  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CNK FREIGHT SERVICES L.L.C.  
\_\_\_\_\_  
(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:

CORDELL WARREN

\_\_\_\_\_  
(Contact Person)

CNK FREIGHT SERVICES L.L.C.

\_\_\_\_\_  
(Firm/Company)

9378 ARLINGTON EXPY 329

\_\_\_\_\_  
(Address)

JACKSONVILLE FL. 32225

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CORDELL WARREN                      321                      441 6142  
\_\_\_\_\_  
(Name of Contact Person)                      at (\_\_\_\_\_)                      (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



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: CNK FREIGHT SERVICES L.L.C.
2. The Florida document/registration number assigned to this limited liability company is:  
L17000125467
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/4/2019
4. I, MCMURRIN, KAREEM A, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AR  
*(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)

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TALLAHASSEE, FLORIDA