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(Requestor's Name)							
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PICK-UP	☐ WAIT	MAIL					
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: H+5 TRUCK LLC (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:
Evelyn Kuiper (Contact Person)
Kuiper + Kuiper linsulting
7411 3 fitzgerald ST
Tampa FL 33616 (City/State and Zip Code)
For further information concerning this matter, please call:
EVElyn Super at 737, 251-4853 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee \$\sime\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle 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)

1. The name of the	limited liability o	company as it a	appears on the reco	rds of the Florid	la Depa	rtment
of State is:	H25	TRUCK	LLC			·
2. The Florida doc	ument/registration	number assig	ned to this limited	liability compar	ny is:	
	0140636		<u>_</u> .		,	
3. The date this me	mber/manager w	ithdrew/resign	ed or will withdraw	v/resign is: _5	3/2	<i>V</i> 19
4.1. <u>Raul</u>	_		, hereby withdray			
<u> </u>	Nager (Print Title)	·				
of this limited lia resignation in wr	• •	nd affirm the li	mited liability com	ipany has been r	otified	of my
Til.				24	201	
Signature of D	issociating Memb	er or Resignin	g Manager		2019 HAY -8	embren.
Filing Fee: Certified Copy:	\$25.00 (Requ \$30.00 (Optic				-8 ରୋଜ୍ଞ ନ	