## 117000149930

(Ř	equestor's Name)		
(A	ddress)		
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M. MILLIGAN
OCT 12 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: TRUCKING SOLUTIONS US	SA LLC	
(Name of Lim	прапу)	
The enclosed member, resignation or dissoci	ation and fee(s	) are submitted for filing.
Please return all correspondence concerning	this matter to:	
RAMON GAMBOA DIAZ		
(Centact Person)		_
TRUCKING SOLUTIONS USA LLC		
(Firm/Company)		-
1451 WEST 29TH STREET		
(Address)		_
HIALEAH, FL 33012		
(City/State and Zip Code)		_
For further information concerning this matte	er, please call:	
RAMON GAMBOA DIAZ	786 _ at (	719-9796
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to  ■ \$25 Filing Fee		Department of State for: g 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

CR2E079 (2/14)



FIELD SECRETARY OF STATE OIVISION OF CORPORATIONS

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## 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)

		it appears on the records of the Florida Department
of State is: TR	UCKING SOLUTIONS USA	LLC
2. The Florida doc L1700014993		signed to this limited liability company is:
DAMONICA	MADON DIAZ	gned or will withdraw/resign is:
4. 1. (Print Name of Person Resigning)		, hereby withdraw/resign as a
MANAGER	vanc of t crsim Resigning)	
	(Print Title)	
of this limited lia resignation in w		e limited liability company has been notified of my
$\cdot \cdot $	<del></del>	
Signature of D	issociating Member or Resign	ing Manager
	\$25.00 (Required) \$30.00 (Optional)	
conned copy.	220.00 (Optional)	