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## **COVER LETTER**

TO:	_	stration Section sion of Corporations		
	DIVE	sion of Corporations		
SUBJ	ECT:	M&N Transport Services LLC		
	.,	(Name of	Limited Liability Co	ompany)
The er	nelosed	d member, resignation or diss	sociation and fee(	(s) are submitted for filing.
Please	e returi	ı all correspondence concern	ing this matter to	:
Oscar i	Melend	ez		
	111	(Contact Person)		_
	-	(Firm/Company)	<del></del>	_
2608 C	Calvano	Dr		
		(Address)		<del></del>
Land C	) Lakes	FI 34639		
		(City/State and Zip Code)		<del></del>
For fu	irther i	nformation concerning this n	natter, please call	:
Oscar	Melend	ez	813 at (	598-2875
	4)	Name of Contact Person)		le & Daytime Telephone Number)
Enclo	sed ple	ease find a check made payat	ole to the Florida	Department of State for:
☐ \$2:	5 Filin	g Fee	■ \$55 Filir	ng Fee & Certified Copy
	<u>Maili</u>	ng Address:		Street Address:
	_	stration Section		Registration Section
		sion of Corporations  Box 6327		Division of Corporations The Centre of Tallahassee
	-	Box 6327 hassee, FL 32314		2415 N. Monroe Street, Suite 810
	1 4111	massee. Fig 52514		Tallahassee, FL 32303



## 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)

	limited liability company as Transport Services LLC	it appears on the records	of the Florida Department
2. The Florida doct	ument/registration number as	ssigned to this limited liab	oility company is:
3. The date this me Oscar Melendez	mber/manager withdrew/res	signed or will withdraw/re, hereby withdraw/ro	
(Print N Manager	ame of Person Resigning) (Print Title)	<del></del>	
of this limited lia resignation in wr	bility company and affirm th		ny has been notified of my
Signature of Di Filing Fee: Certified Copy:	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ining Manager	TO APR -5 FILE