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COVER LETTER

SUBJECT: Heavyloads Transacture (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: DUCLECT COMPANY (Firm/Company) 10297 September Company (Address) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: DUCLECT COMPANY (Firm/Company) 10297 September Company (Address) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. (Firm/Company) 10297 September Company (Address) 10297 September Company (Address) 10297 September Company (Address) 10297 September Company (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: (\$25 Filing Fee Certified Copy	Division of Corporations
Please return all correspondence concerning this matter to: DUC ROLL (Conflet Person) HECCULO CONTROLL (Company) 10292 DOG 9 H. Street (C.C. 205) (Address) City/State and Zip Code) For further information concerning this matter, please call: DUC ROLL CODE at (786) 269-5520 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	SUBJECT: HEAVY/Oaks Transport UC (Name of Limited Liability Company)
DUCIRAL Person) HECOMOGNAST TONGROCH UC (Firm/Company) 10292 DOG STOCKBOCH UC (Address) City/State and Zip Code) For further information concerning this matter, please call: DUCIRAL COMPANY (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
(Firm/Company) 10292 D G 1 Street C 205 (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	Please return all correspondence concerning this matter to:
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For further information concerning this matter, please call: Diff	10297 DW 9th Street Cir 205
(Name of Contact Person) at (786) 269-5520 (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	
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	DUCION Paula at (786) 269-5520 (Area Code & Daytime Telephone Number)

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)



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 limit	ted liability company as it appears on the records of the Florida Department
of State is: <u>Hec</u>	222 Fransport CCC
2. The Florida documen	nt/registration number assigned to this limited liability company is:
3. The date this member	r/manager withdrew/resigned or will withdraw/resign is: 11-15-18
4. I. HeCtor S (Print Name of	, hereby withdraw/resign as a of Person Resigning)
- TGR (Print	ı Title)
	company and affirm the limited liability company has been notified of my
Signature of Dissoci	iating Member or Resigning Manager
_	25.00 (Required) 30.00 (Optional)