117000191335

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
_ •
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to mining Officer.

Office Use Only



600331079746

07/02/19--01016--012 **25.00

2019 JUL - 2 PH 4: 04

Beoignation

JUL 15 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NJK TRANSPORT, LLC		
	mited Liability Co	ompany)
The enclosed member, resignation or dissoc	ciation and fee	(s) are submitted for filing.
Please return all correspondence concerning	g this matter to	:
FRANKIE MATOS		
(Contact Person)		_
NJK TRANSPORT, LLC		
(Firm Company)		
3139 SUGAR MILL LANE		
(Address)		_
ST. CLOUD. FL. 34769		
(City State and Zip Code)	<u> </u>	
For further information concerning this ma	tter, please call	l:
FRANKIE MATOS	939 at (335-8454
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clitton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		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)

	e limited liability company as K TRANSPORT, LLC	it appears on the records of the Florida Department
2. The Florida doc L1700019733	-	ssigned to this limited liability company is:
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is: 6/11/2019
	DELTOAN ADONTE	. hereby withdraw/resign as a
AMBR		
 	ePrint Titley	
resignation in w		ne limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	