

17000 22821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

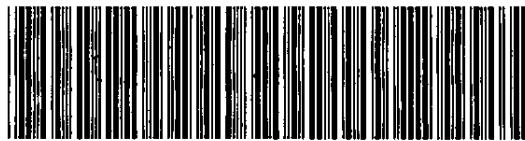
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900311672099

04/16/18--01009--025 \*\*25.00

2018 APR 16 AM 10:11  
\* SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STEALTH TRANSPORTATION L.L.C.  
(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:

**SAYED BACCHUS**

(Contact Person)

**STEALTH TRANSPORTATION L.L.C.**

(Firm/Company)

**10360 LAXTON ST**

(Address)

**ORLANDO, FL 32824**

(City/State and Zip Code)

For further information concerning this matter, please call:

**SAYED BACCHUS**

at ( 347 ) 306-9645

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing 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



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 company as it appears on the records of the Florida Department of State is: FLORIDA

2. The Florida document/registration number assigned to this limited liability company is:  
L17000228221

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/09/2018

4. I, BIBI N BACCHUS, hereby withdraw/resign as a  
(*Print Name of Person Resigning*)  
MGR  
(*Print Title*)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Bibi N Bacchus*

Signature of Dissociating Member or Resigning Manager

2018 APR 16 AM  
SECY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)