

# L18 000002167

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

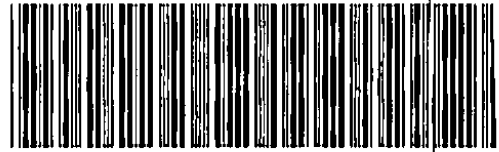
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/23/19--01033--004

2019 SEP 23 PM 3:34  
KALAMAZOO COUNTY  
CLERK OF COURT

001 - 003

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NATIVE RUN LOGISTICS LLC

(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:

WU REN

(Contact Person)

NATIVE RUN LOGISTICS LLC

(Firm/Company)

5220 S. STATE ROAD 7

(Address)

DAVIE, FL. 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

BRYAN COURTNEY

at ( 954 ) 812 7605

(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



FILED

SEP 23 2019

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

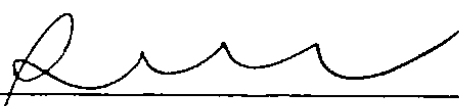
TALLAHASSEE, FLORIDA

**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: NATIVE RUN LOGISTICS LLC
2. The Florida document/registration number assigned to this limited liability company is: L18000002167
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/21/19
4. I, WU REN, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MANAGER (MGR)  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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