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(R	equestor's Name)	
(A	ddress)	
(Á	ddress)	·
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of Sta	tus
Special Instructions to Filing Officer:		

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2019 JAN 22 PH 4: 22
PACKETARY OF STATE

W. S. I.

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: TRANSPORTATION MINAGEMENT GROUP BUCK

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOYCE FELMLY
(Contact Person)
TRANSPORTATION MANAGEMENT BROUP LIC
(Firm/Company)
6208 RIDGE ROAD
(Address)
PORTRICHEY, FLORIDA, 34668 (City/State and Zip Code)
(Chyrsiaic and Zip Code)

For further information concerning this matter, please call:

TOYOR FELMLY	at (727 _) 304-7556
(Name of Contact Person)	(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	limited liability company as it appears on the records of the Florida Department
of State is:	RANSPORTATION MANNEMENT GROUP, LCC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L/30000	1089773
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, WILLIAM	hereby withdraw/resign as a man of Person Resigning)
AMBI	Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
J~ (
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
cermica copy.	