L18000036408

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		





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JEGLE KARY OF STATE FALLAHASSEE, FLORIDA

2024 JUN 13 PM 3:

COVER LETTER

FO: Registration Section Division of Corporations	
CAPITAL DIESEL SUBJECT:	
	imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
ANTONIO GAYA	
(Contact Person)	
CAPITAL DIESEL	
(Firm/Company)	
3573 SOMERSET PARK DR	
(Address)	
ORLANDO FL 32824	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
ANTONIO GAYA	954 3264591 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	-
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FILED 2024 JUN 13 PM 3: 58 SECHLITARY OF STATE TALLAHASSEE, FLORIDA

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 it appears on the records of the Florida Department
2. The Florida doc L18000036408	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
ANTONIOCA	
MNGR	
	(Print Title)
resignation in w	
Signature of L	issociating Member or Resigning Manager
X	
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)