118000042496

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	÷#)		
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUB.	JECT: LCK Trucking LLC.		
	(Name of Lim	ited Liability Co	ompany)
The e	nclosed member, resignation or dissocia	ation and fee	(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to) :
Carri	e Keller		
	(Contact Person)		
LCK	Trucking LLC.		
	(Firm/Company)		
2438	CreekFront Dr.		
	(Address)		_
Gree	en Cove Springs, FL 32043		
	(City/State and Zip Code)	-	_
For fi	urther information concerning this matte	er, please cal	l:
Carri	ie Keller	904 at (460-3565
	(Name of Contact Person)		de & Daytime Telephone Number)
	osed please find a check made payable to 5 Filing Fee		Department of State for: ng Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	ion of Corporations		Division of Corporations
	on Building Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
	hassee, Florida 32301		гананаямсе, глоппа 32314

CR2E079 (2/14)







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:	Trucking LLC	·
2. The Florida docu L18000042490	-	ned to this limited liability company is:
3. The date this me	mber/manager withdrew/resign	ed or will withdraw/resign is:
1 oppie Keller	-	hereby withdraw/resign as a
Member	, ., .,	
	(Print Title)	
of this limited lia resignation in wr		imited liability company has been notified of my
Sle	lelle	
Signature of Di	issociating Member or Resignir	g Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	