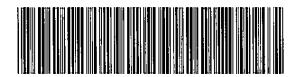
L18 000/02059

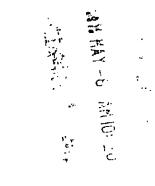
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



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U5/U6/19--U1U18--U1U ♦♦25.UU



C: 1547.73

COVER LETTER

| TO: | Registration Section | | ۸. | | |
|------------------------------|--------------------------------------|----------------------|------------------------------|-------------------|--|
| | Division of Corporations | | | Tues. | |
| | | | | * | |
| SHRI | Showtyme Tranport LLC | | | | |
| 3000 | | Limited Liability Co | nipany) : | :* | |
| The er | nclosed member, resignation or diss | sociation and fee(| s) are submitted for filing. | | |
| Please | e return all correspondence concerni | ing this matter to: | | | |
| Glen | C Stewart II | | | | |
| | (Contact Person) | | _ | | |
| Show | vtyme Transport LLC | | | | |
| | (Firm/Company) | | _ | | |
| 1254 | 9 81st Ave | | | | |
| | (Address) | | _ | | |
| Semi | nole, FL 33776 | | | | |
| | (City/State and Zip Code) | | _ | | |
| For fu | orther information concerning this m | natter, please call: | | | |
| Glen | C Stewart II | 352 at (| 427-8665 | | |
| | (Name of Contact Person) | | & Daytime Telephone Number |) | |
| Enclo | sed please find a check made payab | | | | |
| \$2.5 | 5 Filing Fee | □ \$55 Filing | g Fee & Certified Copy | | |
| STRE | EET/COURIER ADDRESS: | | MAILING ADDRESS: | | |
| Regist | tration Section | | Registration Section | | |
| | ion of Corporations | | Division of Corporations | | |
| | n Building | | P.O. Box 6327 | | |
| 2661 Executive Center Circle | | | Tallahassee, Florida 32314 | | |

CR2E079 (2/14)

Tallahassee, Florida 32301



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 owtyme Transport LLC |
|---|---|
| 2. The Florida doo | cument/registration number assigned to this limited liability company is: |
| Katherine L | ember/manager withdrew/resigned or will withdraw/resign is: Naranjo, hereby withdraw/resign as a |
| | Name of Person Resigning) |
| MGRM | |
| | (Print Title) |
| of this limited lia resignation in w | ability company and affirm the limited liability company has been notified of my riting. |
| Katheri | L L Narango Vissociating Member or Resigning Manager |
| Signature of D | issociating Member or Kesigning Manager |
| _ | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |