## 118000102894

| (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: | 7 |
|   |   |
|   |   |
|   |   |

Office Use Only



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MAY 3 0 2019

<u>6</u>

S. YOUNG

## **COVER LETTER**

| TO: Registration Section Division of Corporations   | ·   |
|---|---|
| SUBJECT: DNT Evans T  | YUChina LLC<br>imited Liability Company)  |
| The enclosed member, resignation or disso   | ciation and fee(s) are submitted for filing.  |
| Please return all correspondence concernin  | g this matter to:   |
| Shave Marinovich (Contact Person)   |   |
| DNT EVANS TRUCHNE, LL (Firm/Company)  |   |
| 4435 18th Ave 5 (Address)   |   |
| ST. Petersburg, FL 33<br>(City/Spite and Zip Code)  | 711-2123  |
| For further information concerning this ma  | tter, please call:  |
| Shane of Contact Person)  | at (727) 238-0796<br>(Area Code & Daytime Telephone Number)   |
| Enclosed please find a check made payable \$25 Filing Fee   | to the Florida Department of State for:  \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\text{Filing Fee & Certified Copy}\$ |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314                         |

Tallahassee, Florida 32301

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 | e limited liability co | mpany as it appears on the record  | s of the Florida Departmen |
|--------------------|------------------------|------------------------------------|----------------------------|
| of State is: D     | VT EVANS               | TRUCKING, LLC                      |                            |
| 2. The Florida doc | cument/registration    | number assigned to this limited li | ability company is:        |
| L18000             | 102894                 |                                    |                            |
| 3. The date this m | ember/manager with     | hdrew/resigned or will withdraw/r  | resign is: 5/7/19          |
| 4. I, Shane        | Name of Person Resigni | , hereby withdraw/                 |                            |
| AMBR               | (Print Title)          |                                    |                            |
|                    | • • •                  | affirm the limited liability compa | any has been notified of m |
| resignation in w   | riting.                |                                    | 19                         |
| Show W             | Monustal               |                                    | 12.7                       |
| Signature of D     | Dissociating Member    | or Resigning Manager               | 7.                         |
|                    |                        |                                    | -1<br>-                    |
| Filing Fee:        | \$25.00 (Requir        | · / I                              |                            |
| Certified Conv     | \$30.00 (Ontion        | al)                                |                            |