## 218000117369

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

| TO:           | Registration Section Division of Corporations |   |                      |  |  |  |
|---------------|---|---|----------------------|--|--|--|
|               |   |   |                      |  |  |  |
| SUBJ          | ЕСТ:  | FLORIDA MATERIAL HANDLINGS SOLUTIONS, LLC |                      |  |  |  |
|               |   | (Name of                                  | Limited Liability Co | ompany)  |  |  |
| The er        | nclosec                                       | d member, resignation or diss             | ociation and fee(    | (s) are submitted for filing.                      |  |  |
| Please        | return  | all correspondence concerni               | ng this matter to    | :  |  |  |
| GILBE         | ERT AD  | AMS                                       |                      |  |  |  |
| -             |   | (Contact Person)                          |                      | _  |  |  |
|               |   |   |                      |  |  |  |
|               |   | (Firm/Company)                            |                      |  |  |  |
| 3411 P        | TTWO  | OOD ROAD                                  |                      |  |  |  |
|               |   | (Address)                                 |                      | _  |  |  |
| VALR          | ICO, FL                                       | . 33596                                   |                      |  |  |  |
|               |   | (City/State and Zip Code)                 |                      | _  |  |  |
| For fu        | rther in                                      | nformation concerning this m              | atter, please call   | :  |  |  |
| GILBE         | RT AD   | AMS                                       | 813<br>at (          | 918-3334   |  |  |
|               | (N  | ame of Contact Person)                    | (Area Code           | e & Daytime Telephone Number)                      |  |  |
|               | •   | ase find a check made payab               |                      | •  |  |  |
| <b>医 \$25</b> | Filing  | g Fee                                     | 🛘 \$35 Filin         | ng Fee & Certified Copy                            |  |  |
|               | <u>Mailin</u>                                 | ng Address:                               |                      | Street Address:                                    |  |  |
|               | Regis   | stration Section                          |                      | Registration Section                               |  |  |
|               |   | ion of Corporations<br>Box 6327           |                      | Division of Corporations The Centre of Tallahassee |  |  |
|               |   | hassee, FL 32314                          |                      | 2415 N. Monroe Street, Suite 810                   |  |  |
|               |   |   |                      | Tallahassee, FL 32303                              |  |  |



## 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)

|  | limited liability company as i           | t appears on the records of the SOLUTIONS, LLC | Florida De               | partm       | ent<br> |
|--|--|--|--------------------------|-------------|---------|
| 2. The Florida doc<br>L18000117369       | ument/registration number ass            | igned to this limited liability co             | ompany is:               |             |         |
| 3. The date this me                      | mber/manager withdrew/resig              | gned or will withdraw/resign is                | :                        |             | _       |
|  | dame of Person Resigning)                | , hereby withdraw/resign a                     | s a                      |             |         |
| MEMBER                                   | (Print Title)                            |  |                          |             |         |
| of this limited lia<br>resignation in wr |  | limited liability company has                  | been notific             |             | ny      |
| Signature of Di                          | ssociating Member or Resigni             | ing Manager                                    | TALLA                    | 2020 AUG 28 |         |
|  | \$25.00 (Required)<br>\$30.00 (Optional) |  | ARY OF STA<br>WASSEE, FL | 28 PH 2: L  |         |