118000121239

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

Division of Corporations
SUBJECT: FLOSTATE Cargo LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Nout Giddings (Contact Person)
FLOSTate Cargo LLC (Firm/Company)
3715 SW. 202HD Street
Newberry, FL 32669 (City/State and Zip Code)
For further information concerning this matter, please call:
Noah Giddings at (352) 440-4469 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee \$\subset\$ \$\subset
STREET/COURIER ADDRESS: MAILING ADDRESS.

STREET/COURIER ADDRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 limit	ed liability company as it appears on the records of the Florida Department
of State is: <u>FLO</u>	State Cargo LLC
2. The Florida documen	/registration number assigned to this limited liability company is:
<u> 118000</u>	121239
3. The date this member	/manager withdrew/resigned or will withdraw/resign is: $09/19/2018$
4.1, Noah Gia (Print Name o	hereby withdraw/resign as a (Person Resigning)
	Title)
of this limited liability resignation in writing.	company and affirm the limited liability company has been notified of my
	11
Signature of Dissoci	ning Member or Resigning Manager
	25.00 (Required)
Certified Copy: \$3	0.00 (Optional)