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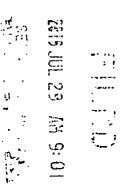
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CR2E079 (2/14)

	stration Section sion of Corporations			
SUBJECT:	Tipper Transportation LLC			
	(Name of Li	mited Liability Co	ompany)	
The enclosed	d member, resignation or disso	ciation and fee	(s) are submitted for filing.	
Please return	all correspondence concerning	g this matter to	i.	
Christophe	r Campione, Esq.			
	(Contact Person)		_	
Campione	Law, P.A.			
	(Firm/Company)			
3200 Emer	son Street			
	(Address)		_	
Jacksonville	e, FL 32207			
	(City/State and Zip Code)		<u></u>	
For further in	nformation concerning this mat	ter, please call	:	
Christopher	Campione, Esq.	904 at (990-8400	
(N	ame of Contact Person)		e & Daytime Telephone Number)	
Enclosed ple \$25 Filing	ase find a check made payable. Fee	to the Florida l	Department of State for: g Fee & Certified Copy	
Registration : Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	



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)

	the limited liability company as ipper Transportation LLC	it appears on the records of the l	Florida Department
2. The Florida d	ocument/registration number as	signed to this limited liability co	
4. I,	pper	igned or will withdraw/resign is:, hereby withdraw/resign as	
President	u Name of Person Resigning)		0
	(Print Title)		
A more and the second s	liability company and affirm the writing. Dissociating Member or Resign	e limited liability company has be	een notified of my
orginature or	Dissociating Member of Resign	ing Manager	
Filing Fee:	\$25.00 (Required)		

\$25.00 (Required)

\$30.00 (Optional)

Certified Copy: