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(Re	equestor's Name)		
(Ac	ddress)		
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COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: BVM Trucking, LLC		
(Name of Limi	ited Liability Co	ompany)
The enclosed member, resignation or dissocia	ation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
Carmine J. Mirabilio		
(Contact Person)		
BMV Trucking, LLC		
(Firm/Company)		_
281 Vintage Oaks Circle		
(Address)	 	
St. Augustine, FL 32092		
(City/State and Zip Code)		
For further information concerning this matter	r, please call	:
Carmine J. Mirabilio	845	702-5674
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: ig Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	the limited liability company a VM Trucking, LLC	is it appears on the records of the Florida Department
2. The Florida d	_	assigned to this limited liability company is:
3. The date this	member/manager withdrew/re	signed or will withdraw/resign is:
4. I, John G. M	lirabilio	, hereby withdraw/resign as a
Manager	n pame of t cross resigning)	
	(Print Title)	
resignation in		he limited liability company has been notified of my
Signature of	Dissociating Member of Resig	guing ivianage;
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)