12/9/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082 : (305)871-0889 Phone : (305)870-9623 Fax Number

Enter the email address for this pusiness entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIDER CARGO LLC

Certificate of Status	0
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Help

From: Yanelle Bann:

Date: 10/16/2020

F

1325 NW 98th Ct, Suite 16 ³⁷ Doral, Fl. 33172

AFFIDAVIT

I hereby, Carlos Andres Arevalo, declare of my own free will and without being obliged, that I have been solely responsible for the administration, management of funds, tax returns for the years 2018 and 2019 of the company Lider Cargo LLC, leaving my partner Jose Marcos Castillo Padron excluded from all the decisions that were made by me and the management of the company. Releasing Jose Marcos Castillo Padron from any liability that may arise from the management and administration of the company LIDER CARGO LLC. Because he was only an investor partner providing only the physical structure for the performance of the company described above.

Without further ado, I cordially say goodbye.

Sincerely.

Carlos Andres Arevalo.

ſ

From: Yaneile Barin.

COVER LETTER

TO:		stration Section tion of Corporations		
SUBJ	ECT:	LIDER CARGO LLC (Name of Limi	ited Liability Con	npany)
The er	iclosed	I member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please	return	all correspondence concerning	this matter to:	
YANE	LLEM.	BARINAS		
		(Contact Ferson)	**************************************	<u>-</u>
BARIN	AS & A	ASSOCIATIES INC		
		(Firms Company)	دونون که و گود. محمد دونون که دونون که این فیشانشان در وون که و گود	-
5701 N	W 36T1			
****		(Address)		•
VIRGI	NIA GA	RDENS, FL 33166		
		(City/State and Zip Code)		•
For fu	rther is	nformation concerning this matte	r, please call:	
YANEI	LLE M.	BARINAS ame of Contact Person)	305 at (871-0889
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclos	sed ple	ase find a check made payable to		-
≘ \$25	Filing	g Foc	S55 Filing	g Fee & Certified Copy
	Marilia	Add		Course Addresses
		n <u>e Address:</u> Stration Section		Street Address: Registration Section
		ion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

CRZE079 (2/14)

From: Yanelle Barinas

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)

2. The Florida doc L18000201436	ument/registration number	assigned to this limited liability com	pany is:	
3. The date this me	ember/manager withdrew/m	csigned or will withdraw/resign is:)/16/2020)
3. The date this member/manager withdrew/resigned or will withdraw/resign is 4. i, IOSE M CASTILLO PADRON , hereby withdraw/resign a (Print Name of Person Resigning)				
MANAGER				
	(Print Title)		- 't	,
resignation in wa	iting.	the limited liability company has bee	n notifi	ed of m
Signature of D	issociating Member or Res	igning Manager	14	7
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		; **	<u>ن</u> ج