L18000 206 302

(Re	questor's Name)	
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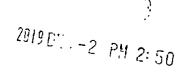
R. WH!TE JAN 13 2020

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	JECT: AMERITRANS LOGISTICS	Solutions	LLC
	(Name of I	Limited Liability Cor	mpany)
The e	nclosed member, resignation or diss	ociation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerni	ng this matter to:	
махо) MESADIEU		
	(Contact Person)		
AMER	RITRANS LOGISTICS SOLUTIONS LLC		
	(Firm/Company)		_
4041 N	NW 34 ST		
	(Address)		_
LAUD	ERDALE LAKES, FL 3319		
	(City/State and Zip Code)		_
For fu	orther information concerning this m	atter, please call;	
MAXC) MESADIEU	954 a1 (773-1077)
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payabl 5 Filing Fee		Department of State for: 2 Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section
	P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	Elimited liability company as it appears on the records of the Florida Department RITRANS LOGISTICS SOLUTIONS LLC
2. The Florida doc L18000206302	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, MAXO MESAI	
MBR	tame by Texam Resigning)
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
- Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)