119000061250

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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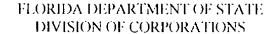
COVER LETTER

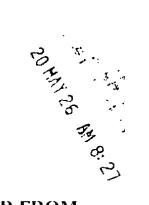
TO: Registration Section Division of Corporations	10 miles
SUBJECT: HAKO TRUCKING LO (Name of Limited Liability Company)	bmitted for filing.
The enclosed member, resignation or dissociation and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter to:	
(Contact Person)	
HAKO TRUCKING LLC (Firm/Company)	
3623 Carambala Cir. N	
Coconst Crack-fL-33066 (City/State and Zip Code)	
For further information concerning this matter, please call:	
HAKAN KOPRUCU at (646) 80 (Name of Contact Person) (Area Code & Dayti	7 66 72 me Telephone Number)
Enclosed please find a check made payable to the Florida Departme	
Division of Corporations P.O. Box 6327 Division The Ce	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)







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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: //	AKO TRUCKING LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
49000061	250
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:MM1-14-2020
4. I. ORAL (Prim N	### The Company of Person Resigning) . hereby withdraw/resign as a
MAN	Print Titles
resignation in wri	
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)