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(Re	equestor's Name)			
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COVER LETTER

TO: Registration Section **Division of Corporations** CENTRAL ROAD LOGISTICS LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: SHUKHRAT KASIMOV (Contact Person) CENTRAL ROAD LOGISTICS LLC (Firm/Company) 2408 BERKSHIRE CT (Address) KISSIMMEE, FL 34746 (City/State and Zip Code) For further information concerning this matter, please call: Shukhrat Kasimov 407 7330007 (Area Code & Davtime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

	limited liability company as		The Florida Department		
	ament/registration number a		ity company is:		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resig	gn is:		
4. 1. CENTRAL ROAD LLC (Print Name of Person Resigning)		, hereby withdraw/resi	, hereby withdraw/resign as a		
MGR					
	(Print Title) bility company and affirm thiting.	ne limited liability company			
Signature of D	Issociating Member or Resig	gning Manager	2020 SEP -		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		9 AHIO:		