119000065962

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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ALL ANACCES ELECTIONS



COVER LETTER

то:	Registration Section Division of Corporations					
SUBJI	ECT:	М	& A	. UN	IQU	ЕΤ

(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	:
ROD RAMIREZ / ALVARO ROJAS		
(Contact Person)	_	
M & A UNIQUE TRANSPORT SERVIC	ES LLC	
(Firm/Company)		_
11521 LAMPLIGHTER LN		
(Address)		_
TAMPA FL 33637		
(City/State and Zip Code)		_
For further information concerning this mat	ter, please call	:
ALVARO ROJAS	813 at (918-5322
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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)

	of State is: M & A UNIQUE TRANSPORT SE	ppears on the records of the Florida Department ERVICES LLC ———.
	The Florida document/registration number assig L 19000065962	ned to this limited liability company is:
3. T	The date this member/manager withdrew/resign	ed or will withdraw/resign is:
4. I.	AAADELINE VECA	
	ASS. MANAGER	
	(Print Title)	
	this limited liability company and affirm the liesignation in writing. Maddlu Vener	mited liability company has been notified of my
	Signature of Dissociating Member or Resignin	g Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: