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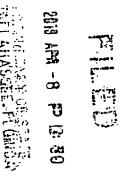
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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(Document Number)					
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ANTERNAL T

COVER LETTER

TO:	_	stration Section					
	Divis	sion of Corporations					
SUBJ	A-1 TRANSPORT OF SOUTH FLORIDA LLC						
		(Name of Limited Liability Company)					
The e	nclosed	I member, resignation or disso	ciation and fee(s) are submitted for filing.			
Please	e returr	all correspondence concerning	g this matter to	:			
Mario	o Paz						
		(Contact Person)		_			
-1 TF	RANSF	PORT OF SOUTH FLORIDA	A LLC				
		(Firm/Company)					
2226	2 SW	127 PL					
		(Address)					
MIAN	ИI, FL	33170					
		(City/State and Zip Code)		_			
For fu	irther ii	nformation concerning this ma	tter, please call				
Mario	o Paz		786 at (806-9054			
	(N	ame of Contact Person)		e & Daytime Telephone Number)			
	sed ple 5 Filing	rase find a check made payable g Fee		Department of State for: g Fee & Certified Copy			
		OURIER ADDRESS:		MAILING ADDRESS:			
-		Section Corporations		Registration Section Division of Corporations			
	n Build	•		P.O. Box 6327			
		ive Center Circle		Tallahassee, Florida 32314			

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)

	TRANSPORT OF SOUTH	• •	s of the Florida Departmen		
2. The Florida doc L1900007215	ument/registration number a	ssigned to this limited lia	ability company is:		
3. The date this me	ember/manager withdrew/res	signed or will withdraw/r	esign is:		
0			, hereby withdraw/resign as a		
MGR	same of Person Resigning)				
of this limited lia	(Print Title) bility company and affirm thirting.	ne limited liability compa	any has been notified of my		
. G.V.	5-56				
Signature of D	issociating Member or Resig	ining Manager			
-	\$25.00 (Required) \$30.00 (Optional)		D 80		