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(Requestor's Nam	ne)
(Address)	
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(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	Name)
(Document Numb	er)
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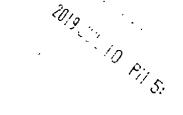
COVER LETTER

CR2E079 (2/14)

TO:	_	stration Section			
	Divis	sion of Corporations			
SHBJ	ECT:	JUORTEG TRUCKING ,LI	_C		
0010		(Name of Limited Liability Company)			
The e	nclosed	d member, resignation or disso	ciation and fee(s) are submitted for filing.	
Please	e return	all correspondence concerning	g this matter to:		
JUAN	1 G O	RTEGA			
		(Contact Person)			
JUOF	RTEG	TRUCKING LLC			
		(Firm/Company)		_	
3356	EDGE	EHILL TERRACE			
		(Address)		_	
POR	Т СНА	ARLOTTE ,FL 33952			
		(City/State and Zip Code)		_	
For fu	rther in	nformation concerning this ma	tter, please call:		
JUAN	I G OF	RTEGA	786	806-7122	
	(N	ame of Contact Person)		e & Daytime Telephone Number)	
	sed ple 5 Filing	ase find a check made payable y 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	
2661 E	Executi	ive Center Circle Florida 32301		Tallahassee. Florida 32314	







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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department PRTEG TRUCKING LLC
2. The Florida doc L 190000772	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:
IOSE A DEG	
MGR	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)