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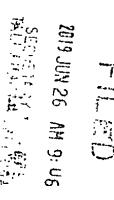
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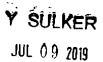
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## COVER LETTER

Registration Section

TO:

CR2E079 (2/14)

Division of Corporations KPD TRANSPORT 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: KELVIN P DIAZ (Contact Person) KPD TRANSPORT LLC (Firm/Company) 1422 SHEANA LANE (Address) KISSIMMEE, FL 34744 (City/State and Zip Code) For further information concerning this matter, please call: KELVIN P DIAZ 407 466-6197 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy \$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## 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)

1. The name of the	: limited liability company as	it appears on the records of the Flor	ida Depa	rtment
of State is:	KPD TRANSPORT LLC		<u></u>	٠د
	ument/registration number as	signed to this limited liability compa		2019 JUN 26
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:	/06/2019	
4. I. OLGA Z DIA	AZ MERCADO	hereby withdraw/resign as a	/06/2019 	ب بن ان بو
(Print )	Same of Person Resigning)	-	` سو	G1
MBR				
	(Print Tule)			
of this fimited lia resignation in wr		: limited liability company has been	notified	ofmy
Signature of D	issociating Member or Resign	ning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			