L19000 144182

(Requestor's Name)							
(Address)							
((Addiess)						
(Address)							
(Cit	y/State/Zip/Phone	· #)					
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☐ PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nam	ne)					
(Do	cument Number)						
(00	coment Namber)						
Certified Copies	_ Certificates	of Status					
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Special Instructions to	Filing Officer:						
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Office Use Only



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JUL 02 2020 S. YOUNG

COVER LETTER

TO:	Regis	stration Section	•	
	Divis	sion of Corporations		
SUBJE	CCT:	TRUE-BLUE TRUCKING LLC		
		(Name of	Limited Liability C	ompany)
The end	closed	l member, resignation or dis	sociation and fee	e(s) are submitted for filing.
Please 1	return	all correspondence concern	ing this matter to	o :
DEBRA	A DA	NNO		
		(Contact Person)		-
BEST BO	ooks	INC		
	_	(Firm/Company)		
760 6TH	ST N	Е		
		(Address)		
NAPLES	5, FL 3	4120		
 :		(City/State and Zip Code)		_
For furt	her in	nformation concerning this n	natter, please call	:
DEBRA	A DAì	NNO	239 at (404-3902
	(Na	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclose	d plea	ase find a check made payab		
C 023 1	5		□ 333 riiin	ng Fee & Certified Copy
		g Address:		Street Address:
		tration Section ion of Corporations		Registration Section
		Box 6327		Division of Corporations The Centre of Tallahassee
		nassee, 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)

	e limited liability company a E-BLUE TRUCKING LLC		
2. The Florida doc L19000144182	cument/registration number a	assigned to this limited liab	ility company is:
Dr. Marilyn C S	ember/manager withdrew/res Sandor Name of Person Resigning)		
Authorized Mem	ber (Print Title)		
resignation in wi	ilin Coland		y has been notified of my
Filing Fee:	issocfating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	2020 JUL II