## L19000 177 837

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Ryoignation

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Duncan Transport LL (Name of Limited Liability Con	mpany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:  (NEGUI FOR.)  SHACIU. Person)	_
-Puncan Transport (Firm/Company)	_
7364 Parkinsonia	_
Pienta Corda, FL 33955 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
(Name of Contact Person) at (941 (Area Code	Lole 1 - 3447  & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida II \$25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Purcan Transport, LLC
2. The Florida doci	ument/registration number assigned to this limited liability company is:
L1900	0177837
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 13-50-50 (9
4.1. Stephe (Print N	lame of Person Resigning), hereby withdraw/resign as a
Muem	Det
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
<del>-</del>	\$25.00 (Required) \$30.00 (Optional)

CR2E079 (2/14)