

L19000181381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

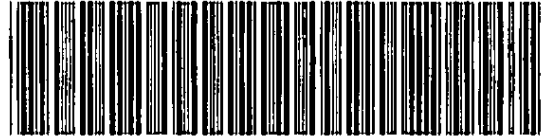
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500396453905

10/31/22--01014-5004\*25.00

FILED  
2022 OCT 31 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARRINGTON'S LOGISTICS LLC  
\_\_\_\_\_  
(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:

STEPHANIE CARRINGTON

\_\_\_\_\_  
(Contact Person)

CARRINGTON'S LOGISTICS LLC

\_\_\_\_\_  
(Firm/Company)

3110 1ST AVENUE NORTH SUITE 2i

\_\_\_\_\_  
(Address)

ST PETERSBURG, FL 33713

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHANIE CARRINGTON at (727) 481-3566  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee ☐ \$55 Filing 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

**FILED**  
2022 OCT 31 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FL



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: CARRINGTON'S LOGISTICS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000181381

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/01/2022

4. I, ANTRION COOPER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
**2022 OCT 31 AM 11:38**  
SECRETARY OF STATE  
TALLAHASSEE, FL