

L 19000205806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
OFFICE OF CORPORATIONS

Dissociation  
of  
Member

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Treethrest Trucking 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:

Shaka Nelson  
(Contact Person)

Treethrest Trucking LLC  
(Firm/Company)

16015 SW 101st Ave.  
(Address)

Miami, FL 33157  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shaka Nelson at ( 305 ) 609-9370  
(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

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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: Treehrest Trucking LLC

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

L19000205806

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/1/2020

4. I, Kathrina Alves, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager  
(Print Title)

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

Kathrina Alves

Signature of Dissociating Member or Resigning Manager

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

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DIVISION OF CORPORATIONS  
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