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## **COVER LETTER**

TO: Registration Section	•
Division of Corporations	
FORTIS LOGISTICS LLC SUBJECT:	
(Name of Limited Lia	bility Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
IRENE ORTIZ	
(Contact Person)	
FORTIS LOGISTICS LLC	
(Firm/Company)	
3 HORSESHOE CT	
(Address)	
KISSIMMEE, FL 34743	
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
IRENE ORTIZ 40	953-4973
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the I	Florida Department of State for:
■ \$25 Filing Fee □ \$	55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassee, fil 52514	2413 in. 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)

	limited liability company as	it appears on the records of the Flor	rida Do	epartm	ent 
2. The Florida doct	ament/registration number as	ssigned to this limited liability comp	any is:		
4. I, FELIX ORTIZ R (Print N MANAGER	CODRIGUEZ  Same of Person Resigning)  (Print Title)	igned or will withdraw/resign is:, hereby withdraw/resign as a a le limited liability company has beer	2.21	JH 26 PH 4:31	; 
resignation in wr	iting.	aatloop ventied 06/21/23 12,54 PM EQT REVN-275H-ZWNI-0VQB			•
_	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager			