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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	

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COVER LETTER

Division of Corporations
SUBJECT: AROUND THE CLOCK LOGISTICS AND TRANSPORT (Name of Limited Liability Company) LLC
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
CHRISTINE RALLIS (Contact Person)
AROUND THE CLOCK LOGISTICS AND TRANSPORT, LLC (Firm/Company)
4417 13th STREGT STE 623 (Address)
SAINT CLOUD, FL 34769 (City/State and Zip Code)
For further information concerning this matter, please call:
CHRISTING RALLIS at (407) 498 - 4139 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee & Certified Copy

Mailing Address:

Registration Section

TO:

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 l	limited liability company as it appears on the records of the Florida Department
of State is: AR	OUND THE CLOCK LOGISTICS AND TRANSPORT,
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L20000	0.41568
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 2-13-2020
4. I. JOYCE (Print No.	L. PAZ, hereby withdraw/resign as a, hereby withdraw/resign as a
<u>MGR</u>	Print Title)
of this limited liab	oility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	Ssociating Member or Resigning Manager
Filing Fee:	
Certified Copy:	\$30.00 (Optional)