

L20 0000 614 99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

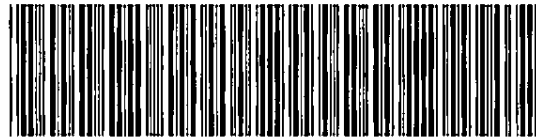
(Document Number)

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2020 MAY -4 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 05 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Three Sons 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:

Ronald Eugene Raffield
(Contact Person)

Three Sons Trucking LLC
(Firm/Company)

20 Chapman Rd
(Address)

Apalachicola Florida 32320
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald E Raffield at (850) 653-7017
(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

CR2E079 (2/14)

RECEIVED

APR 09 2020



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: Three Sons Trucking LLC

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

L20000061499

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/7/2020

4. I, Ronnie D Raffield, hereby withdraw/resign as a

(Print Name of Person Resigning)

MGR - (which didn't exist in the first place)

(Print Title)

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

Ronnie D Raffield

Signature of Dissociating Member or Resigning Manager

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

2020 MAY -4 AM 10:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA