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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HEM Typus (Name of Lin	port logistics uc
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
INNEL MATIN	SEZ
Hem trusport	Logistics UC
20080 NW 2ND ST	YEET SECTION .
Paubroke Pices, the (City/State and Zip Obde)	. 33009 FEB F
For further information concerning this matter	ter, please call:
VANEL MATINET (Name of Contact Person)	at (954) 609 - $\partial 565$ (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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)

			rs on the records of the I		ment 	
2. The Florida docum	nent/registration n	number assigned to	this limited liability co	ompany is:		
L 2000	00 7419	87				
3. The date this members	ber/manager with	ndrew/resigned or	will withdraw/resign is:	07/09	00	20
4. I. MAURICA (Print Name	o F. L.P. ne of Person Resignin	he he	reby withdraw/resign as	a		
A	P					
(Pr	rint Title)	·				
		affirm the limited	liability company has b	een notified o	fmy	
resignation in writing	ng. 1 ci) —] 0	ins.		SECRETALLA	2020 JUL 14	Current 3
		or Resigning Mar	nager	A	Ŧ	9' 1'22 1
Filing Fee: Certified Copy:		,		OF STATE	AM 8: 15	