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(R	equestor's Name)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HEMY Transport Logistics UC (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:		
(Contact Person)		
HENY Transport logistics UC		
20280 NW 2ND StrEET		
Paubroff fires Fl 33029 (City/State and Zig Code)	2020 J	•
For further information concerning this matter, please call:		•
(Name of Contact Person) at (Area Code & Daytime Telephone Number)	4 AM 8: 1	:
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee	15	

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



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	•	
of State is: HEMY Transport Logistics L		
2. The Florida document/registration number assigned to this limited liability company	is:	
L20000074187		
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	9 2020)
4. I. EDWING S. ENAMOYA anereby withdraw/resign as a	•	
(Print Name of Person Resigning)		
AMBR		
(Print Title)		
of this limited liability company and affirm the limited liability company has been no resignation in writing.	tified of By	
Elainem	DE JUL 14	****
Signature of Dissociating Member or Resigning Manager	55의 설득 골	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)