LZWWW 86102

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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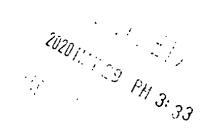
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COVER LETTER

TO:	Regis	stration Section					
	Divis	ion of Corporations					
SUBJE	ECT:	SMITTY TRUCKING LLC					
		(Name of Limited Liability Company)					
The end	closed	l member, resignation or dissocia	tio	n and fee(s	s) are submitted for filing.		
Please	return	all correspondence concerning the	his	matter to:			
SMITH	HERA	RD					
		(Contact Person)			_		
SMITTY	7 TRU	CKING LLC					
		(Firm/Company)		·	-		
135 NW	123 S	т					
		(Address)			_		
міамі,	FLOR	IDA 33168					
		(City/State and Zip Code)			-		
For fur	ther in	nformation concerning this matter	r, p	olease call:			
SMITH	HERA		at	754 (422-0922		
	(N	ame of Contact Person)		$\overline{}$	& Daytime Telephone Number)		
Enclose	ed ple	ase find a check made payable to	th	e Florida Г	Department of State for:		
\$25	Filing	g Fee		\$55 Filing	g Fee & Certified Copy		
	<u>Mailir</u>	og Address:			Street Address:		
	_	stration Section			Registration Section		
		ion of Corporations			Division of Corporations		
		Box 6327			The Centre of Tallahassee		
	Talla	hassee, FL 32314			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)

	e limited liability company as it a	ppears on the records of the Florida Department
2. The Florida doc	ument/registration number assigr	ned to this limited liability company is:
L20000080102		
3. The date this me		d or will withdraw/resign is:
JOHANNE OVI	L	herehy withdraw/resign as a
(Print N	lame of Person Resigning)	_, nereoy withdrawnesign as a
mar	·	
	(Print Title)	
of this limited lia resignation in wr		nited liability company has been notified of my
Joh	cinne Ovil	
Signature of D	issociating Member or Resigning	, Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	