

L20000100547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

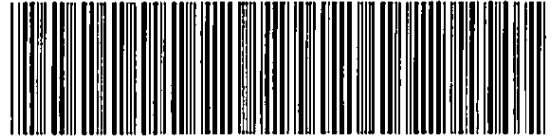
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

JUL 1 6 2023

Office Use Only



000407378430

000000 000000 000000 000000

FILED
SECRETARY OF STATE
2023 MAY - 1 AM 10:49

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J2 TRANSPORT LLC

(Name of Corporation)

DOCUMENT NUMBER: 120000100547

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOAN M POWERS ESQ

(Name of Person)

(Name of Firm/Company)

950 S PINE ISLAND RD

(Address)

PLANTATION , FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

JOAN M. POWERS

(Name of Person) at (786 277 7329)
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

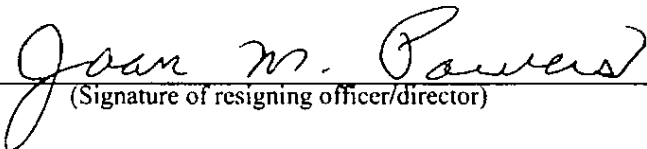
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOAN M. POWERS, hereby resign as MGR
(Title)

of J2 TRANSPORT LLC
(Name of Corporation)

L20000100547, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
2023 MAY -1 AM 10:49
OF CORPORATION

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314