# L20000108057

	(Requestor's Name)
	(Address)
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·	(Business Entity Name)
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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
	B. LOGISTICS e of Limited Liability Company)	
The enclosed member, resignation or	dissociation and fee(s) are submitted for filing.	
Please return all correspondence conc	eerning this matter to:	
Walter Boyd (Contact Person)	JR	
(Firm/Company)	<del></del>	
2004 4th Ave	West	
PalmHo I (City/State and Zip Code	21 34721	
For further information concerning th	is matter, please call:	
Walter Bald JR (Name of Contact Person)	at (941) 981 - 2453 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made pa	yable to the Florida Department of State for:  S55 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



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### 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:	A. I. B Logistics
2. The Florida docu	ment/registration number assigned to this limited liability company is:
<u> L2</u>	0000108057
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{10/29/20}{29/20}$
4.1. Shering (Print No.	me of Person Resigning, hereby withdraw/resign as a
Am	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
J. M	1 m
Signature of Di	sociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)