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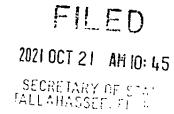
Registration Section Division of Corporations TO:

SUBJECT:	z Transport LLC	
(Name of I.	imited Liability Con	npany)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernit	ng this matter to:	
John P. Mazzulla		
(Contact Person)		-
Mazz Transport LLC		
(Firm/Company)		-
1000 Island Point Drive Apt#1	712	
(Address)		<u>.</u>
Jacksonville, FL 32218		
(City/State and Zip Code)		-
For further information concerning this ma	atter, please call:	
John P. Mazzulla	305 at (283-3180
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payabl	e to the Florida D	Department of State for:
□ \$25 Filing Fee		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





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)

V	e limited liability company as it appears on the records of the Florida Department
2. The Florida doc	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	esy R. Mazzulla, hereby withdraw/resign as a
(Print)	Name of Person Resigning)
	Manager
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)