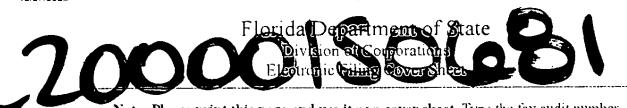
27/10/2020 5:10 PM

Division of Comporations

→ 18506176383



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000373865 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I20140000082 Phone : (305)644-9144

: (786)477-5802 Fax Number

Enter the email address for this business entity to be used for future w annual report mailings. Enter only one email address please.

F	ddress:		
⊦rnaıı a⊮	aaress:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPER TRAILERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:	Regi	stration Section					
	Divis	sion of Corporations					
SUBJ	ECT:	Super Trailers LLC					
		(Name of Limited Liability Company)					
The er	nclosed	l member, resignation or disso	ciation and fee	(s) are submitted for filing.			
Please	return	all correspondence concerning	g this matter to):			
Dalbis	Matos						
		(Contact Person)		_			
Aslan 1	l'ax Serv	vices Inc					
		(Firm/Company)	_	_			
762 SV	V 18 Av	e					
	-	(Address)		_			
Miami.	, FL 331	35					
		(City/State and Zip Code)		_			
For fu	irther ii	nformation concerning this ma	tter, please cal	1:			
Dalbis	Matos		305 at (644-9144			
	(N	fame of Contact Person)		le & Daytime Telephone Number)			
	sed ple 5 Filin	ase find a check made payable g Fee		Department of State for: ng Fee & Certified Copy			
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, El. 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)

	limited liability company as	• •	of the Florida Department
2. The Florida doct	ument/registration number a	ssigned to this limited liab	oility company is:
011	mber/manager withdrew/res za ame of Person Resigning)		
AMBR	iame of Person Resigning) (Print Title)		
resignation in wr	bility company and affirm thiting.		
	\$25.00 (Required) \$30.00 (Optional)		FILED 2020 OCT 28 PM 12: 39 3 AND ANSSES FORE