L20000 163800

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





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SICGETARY OF STATE
TALLAHASSEF STATE

JU 09/25/20

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Smith Transportation & Solutions LLC	-to remove man	agers (Diane Key and Cory Key)
	(Name of Limite	d Liability Con	ipany)
The enclosed	d member, resignation or dissociat	ion and fee(s) are submitted for filing:
Please return	all correspondence concerning th	is matter to:	
Christopher St	nith		
	(Contact Person)		-
Smith Transpo	rtation & Solutions LLC		
	(Firm/Company)		-
4440 SW Arch	ner Rd apt 2302		
	(Address)		•
Gainesville Fl.	. 32608		
_	(City/State and Zip Code)		-
For further in	nformation concerning this matter.	please call:	
Christopher Sr		310 at (3398312
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple ☐ \$25 Filing	ase find a check made payable to		
اللباء دعو تــا	g rec	🖴 355 rung	Fee & Certified Copy
	ng 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



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: Smith	Transportation & Solutions LLC
2. The Florida docu L20000163800	iment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	, hereby withdraw/resign as a ame of Person Resigning)
Manager	
	Print Title)
of this limited lial resignation in wr	oility company and affirm the limited liability company has been notified of my ting.
Cory or	ssociating Member or Resigning Manager
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
certified copy.	φυνίου (Οριίοπα)