L20000239176

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration Section				
Division of Corporations				
SUBJECT: ALY TRUCKING LLC				
	ited Liability Comp	pany)		
The enclosed member, resignation or dissoci	ation and fee(s)	are submitted for filing.		
Please return all correspondence concerning	this matter to:			
EMMANUEL ALY				
(Contact Person)				
EMMANUEL ALY				
(Firm/Company)				
3321 REEDY GLEN DRIVE				
(Address)			21	٠.
KISSIMMEE FLORIDA 34758			رع الع الع	
(City/State and Zip Code)			25	
For further information concerning this matte	er, please call:		ry: 2: 03	
ALY.EMMANUEL@YAHOO.COM	321 at ()	240-7129	03	 .
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee		partment of State for: Fee & Certified Copy		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	<u>.</u> I	Street Address: Registration Section Division of Corporations The Centre of Tallabassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

		s it appears on the records of the Flori	ida Department
2. The Florida doc 1.20000239176	ument/registration number a	assigned to this limited liability compo	any is:
DADLING ALV		signed or will withdraw/resign is:, hereby withdraw/resign as a	20/2021
AMBR	(Print Title)		
resignation in wr		he limited liability company has been	notified of my
	\$25.00 (Required) \$30.00 (Optional)	guing stanager	2: 03

\$30.00 (Optional)