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TO:	_	stration Section sion of Corporations		
SUBJ	ECT:	T & G TRUCK LINE L.L.C.		
30 D 0		(Name of	Limited Liability Co	mpany)
The en	nclosed	d member, resignation or diss	sociation and fee(s) are submitted for filing.
Please	e returr	all correspondence concern	ing this matter to	:
ROXA	NNE G	RANDISON		
		(Contact Person)		
т & G	TRUCE	CLINE L.L.C.		
		(Firm/Company)		_
601 21	st STRF	EET SUITE 300		
-		(Address)		 -
VERO	BEAC	H, FL 32960		
		(City/State and Zip Code)		_
For fu	irther i	nformation concerning this n	natter, please call	:
ROXA	NNE G	RANDISON	917 at (653-6801
	(N	Jame of Contact Person)	(Area Code	e & Daytime Telephone Number)
	sed plo 5 Filin	rase find a check made payab g Fee		Department of State for: ag Fee & Certified Copy
	Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, 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)

	limited liability company a	• •	of the Florida Department
	ument/registration number a		ility company is:
SEVOUTAVIO	ember/manager withdrew/res		
(Print) MGR	lame of Person Resigning) (Print Title)		72) 22) 61
resignation in w	bility company and affirm the iting. issociating Member or Resignation		y has been notified of my
-	\$25.00 (Required) \$30.00 (Optional)		