L20000317527

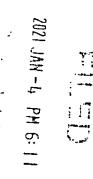
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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S. YOUNG

COVER LETTER,

TO:	Registration Section		•
	Division of Corporations		
SUB.	JC'S HAULING LLC		
	(Name of I	Limited Liability Co	ompany)
The e	enclosed member, resignation or disse	ociation and fee((s) are submitted for filing.
Pleas	e return all correspondence concerni	ng this matter to	:
BARR	RIE JILL CHISHOLM		
	(Contact Person)		_
JC'S I	IAULING LLC		
	(Firm/Company)		_
3603 \$	SE 26TH STREET		
	(Address)		
OKEE	ECHOBEE, FL 34974		
	(City/State and Zip Code)		_
For fi	urther information concerning this m	atter, please call	:
BARE	RIE JILL CHISHOLM	561 at (718-2032
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclo	osed please find a check made payable	le to the Florida	Department of State for:
	25 Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
	. a		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	e Florida Department	
of State is:	HAULING LLC		·	
L20000317527	ument/registration number as	ssigned to this limited liability c	company is:	
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is	12/14/2020 s:	
4. I. JON C MESA (Print N	lame of Person Resigning)	, hereby withdraw/resign a	, hereby withdraw/resign as a	
AR				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company has	_]
Signature of D	issociating Member or Resign	ning Manager	JAN - 4 PH 5:	اسم حد از در ومسم
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		-	