# L20 000 33 180 1

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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3/8/21

#### COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: Jenny T School Bus, LLC. (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jenny Torres
Jenny T. School Bus, LCC.
3094 NW W St (Address)
Mlami Fl. 33/25 (City/State and Zip Code)
For further information concerning this matter, please call:
Jenny Torres at 305, 798, 8420 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_\$\$ \$25 \text{ Filing Fee & Certified Copy}\$\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

#### FILED

2021 JAN 25 PM 4: 52

SECRETARY OF STATE TALLAHASSES, FL

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it appears on the records of the Florida Department
of State is:	Tenny T School Bus ILC
2. The Florida doc	cument/registration number assigned to this limited liability company is:
L200	000331801
3. The date this mo	cmber/manager withdrew/resigned or will withdraw/resign is: 10 20 2020
4. I. <u>Ada</u>	Torres  Name of Person Resigning)  Name of Person Resigning)
A	(Print Title)
of this limited lia	ability company and affirm the limited liability company has been notified of my riting.
(lot	4082
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)