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(((H24000040223 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.

Account Number : 119980000057 : (850)973-4186 Phone Fax Number : (850)973-8564

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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T. LEMEUX JAN 31 2024

COVER LETTER

(((H24000040223 3)))

TO: Registration Section Division of Corporations	
MOONLIGHT TRUCKING & LOGI	STICS LLC
SUBJECT: (Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
FREDRICK W. RUDOLPH	
(Contact Person)	
MOONLIGHT TRUCKING & LOGISTICS LLC	•
(Firm/Company)	
17470 \$1ST RD	
(Address)	
MCALPIN, FLORIDA 32062	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
PREDRICK W. RUDOLPH	386 249-3898 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$\begin{align*} \begin{align*} \begi	o the Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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 as	it appears on the records of the Florida	Departii	nent —	
2. The Florida docs	ument/registration number as	ssigned to this limited liability company	y is:		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:			
KIMBERLY R.	SOLANO	hereby withdraw/resign as a			
Print N	Jame of Person Resigning)	, hereby withdraw/resign as a			
	ber, VP, Authorized Representa				
	(Print Title)				
of this limited lia	bility company and affirm th	ne limited liability company has been no	otified of	my	
resignation in wr			(i)		
Kuis	lfh		471-7	2024 JAN 30	Ti
Signature of D	issociating Member or Resig	ming Manager		30	
	\$25.00 (Required) \$30.00 (Optional)		COF STATE	AM 11: 49	D

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