## L21000016098

(Requestor's Name)					
(Address)					
(Address)					
<u> </u>					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Coomern of the Cooper of the					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					

Office Use Only



600409105016

05/24/23--01006--025 \*\*25.00

ALLACTARY OF STATE

PING MAY 21. DM 2.

## **COVER LETTER**

TO:	Registration Section				
	Division of Corporations				
SHRI	LSC Logistix LLC				
3010	(Name of Limited Liability Company)				
The e	nclosed member, resignation or dissoci	ation and fee(	s) are submitted for filing.		
Please	e return all correspondence concerning	this matter to	:		
Leonar	rd Jackson				
	(Contact Person)		<del></del>		
LSC L	ogistix LLC				
	(Firm/Company)	<u> </u>	_		
4241 B	Baymeadows Road Suite 4				
	(Address)		_		
Jackso	onville, FL 32217				
	(City/State and Zip Code)		<del></del> -		
For fu	urther information concerning this matte	er, please call	:		
Shey S	Sparrow	904 at (	762-3013 ) e & Daytime Telephone Number)		
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)		
Enclo	sed please find a check made payable t	o the Florida	Department of State for:		
<b>\$</b> 2	5 Filing Fee	□ \$55 Filin	ng Fee & Certified Copy		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
	Tariana Contra		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)

		as it appears on the records	ŕ
L21000016098	ment/registration number	assigned to this limited liab	ility company is:
Chamalla Kama	4	esigned or will withdraw/res, hereby withdraw/re	
Managing Membe			
of this limited lial resignation in wri		the limited liability compan	y has been notified of my
Signature of Di	ssociating Member or Resi	igning Manager	<b>2023</b> TAL
	\$25.00 (Required) \$30.00 (Optional)		2023 MAY 24 PP TALLAHASSEE.