## L21000044098

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## COVER LETTER .

**TO:** → Registration Section Division of Corporations

SUBJECT:	IMANI TRANSPORT, LLC (Name of Limited Liability Company)		
The enclosed member,	esignation or dissociation	n and fee(s)	are submitted for filing.
Please return all corresp	ondence concerning this	matter to:	
	Samuel Robbins Contact Person)	<del></del>	
(1)			
(I	Imani Transport, LLC "irm/Company)		
	Post Office Box 117 (Address)		
	Yulee, Florida 32041		
	State and Zip Code)		
For further information	concerning this matter, p	lease call:	
Samuel Robbins	at (	904	) 583-2836
(Name of Con			& Daytime Telephone Number)
Enclosed please find a c	heck made payable to the	e Florida D	epartment of State for:
■ \$25 Filing Fee	• •		Fee & Certified Copy
Mailing Address:			Street Address:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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)

1. The name of t	he limited liability con	npany as it appears on the records of the Florida Department
of State is: 11	MANI TRANSPORT, LLC	
2. The Florida d	ocument/registration n	umber assigned to this limited liability company is:
L21000044098		·
3. The date this	member/manager with	drew/resigned or will withdraw/resign is: February 15, 2021
4. I,	Tammy Robbins  at Name of Person Resignin	, hereby withdraw/resign as a
	Member (Print Title)	<del></del> -
of this limited resignation in	· · · · ·	affirm the limited liability company has been notified of my
Jamin	ny Robbins	
Signature of	Dissociating Member	or Resigning Manager
Filing Fee:	\$25.00 (Require	d) 2021

Certified Copy:

\$30.00 (Optional)