k21000121132

(Requestor's Name)					
(Address)					
(Address)					
(Nouress)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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04/28/21--01009--007 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gabs Pro Trucking LC (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:
Gabriela Mesidor (Contact Person)
Gab's Pro Trucking 40 (Firm/Company)
1818 9th Ave E Apt 18C (Address)
braidenton, FL, 34208 (City/State and Zip Code)
For further information concerning this matter, please call:
Cabrie a Mesidor at (941) 376-6081 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \frac{1}{2}\$
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

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 th	e Florida Department
of State is: <u>G</u> e	ab's Pro Trucking	; LLC	·
		J signed to this limited liability	company is:
L210001	21132		
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign i	is: <u>03/20/202</u> (
4. I, Hansly (Print N	Megidor jame of Person Resigning)	, hereby withdraw/resign	as a
MGR	(Print Title)		
of this limited lial resignation in wr	pility company and affirm the	e limited liability company has	s been notified my
Desdy 1	8		APR 28 A
Signature df Di	ssociating Member or Resign	ing Manager	AM: 6: 09
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		9
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