L21000166044

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Oity/State/Z:p/Fffoffe #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



200386744102

Mesignation or dissociation of member Minager

05/05/22--01001--022 **25.00

2022 HAY -4 AM IN: 3 2022 MAY -4 PM 2:

RECEIVED

A. RAMSEY MAY - 5 2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

J&C FAST CARGO LLC	
 -	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
į	Fictitious Search
	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC I or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JR C Fast (Name of Limit	Cargo LC ted Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Cristlian Bolletters Ol (Contact Person)	ire
J&C Fast Corgo LL (Firm/Company)	
14138 SW 1604 Ct (Address)	
City/State and Zip Code)	
For further information concerning this matte	r, please call:
(Name of Contact Person)	at (786) 320-1492 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: \$\sum \\$55 \text{ 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

FILED 2022 HAY -4 AM 11: 39



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 li	mited liability company as it appears on the records of the Florida Department
of State is:	2 C Fost Capo LLC.
2. The Florida docum	nent/registration number assigned to this limited liability company is:
L 21000	2166044
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 05/03/2022
4. I, JEWS & (Print Nam	hereby withdraw/resign as a nee of Person Resigning)
MG	
(P	rint Title)
of this limited liabi	lity company and affirm the limited liability company has been notified of my ng.
Signature of Diss	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)