K21000247098

(Rec	questor's Name)	
(Add	dress)	
	J	
DDA)	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
:		
		,

Office Use Only



500368849845



-6 PH 4: 03

11.

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: GRID LOGISTICS LLC (Name of Limited Liability Company)
The en	closed member, resignation or dissociation and fee(s) are submitted for filing
Please	return all correspondence concerning this matter to:
(Contact Person UCZ
_	(Firm Company)
_15	11 NW 91st Ave Apt. 923
	Coral Springs, Fl. 33071
	(City/State and Zin Cade)

Carlos Rodriguez at (786), 203 65 78
(Name of Contact Person) (Area Code & Daytime Telephone Number)

For further information concerning this matter, please call:



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 the Florida Department of State is:
2. The Florida document/registration number assigned to this limited liability company is:
L21000247098
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/24/21 4. I. Tricia Roberson (Print Name of Person Resigning) MNGR (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Testgmanow in whyting.
Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)