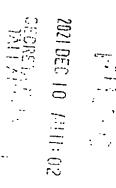


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(013,000,00,000,000,000,000,000,000,000,0
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified doples Certificates of Otatus
Special Instructions to Filing Officer:





12/16/21--01008--026 *+25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CDF Logistica, LLC	21.
(Name o	of Limited Liability Company)
The enclosed member, resignation or di	issociation and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to:
Albert P. Hernandez	
(Contact Person)	
CDF Logistica, LLC	
(Firm-Company)	
7809 NW 15 St	
(Address)	
Miami (City/State and Zip Code)	
For further information concerning this	matter, please call:
Albert Hernandez	at (305) 3322624
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pays	able to the Florida Department of State for:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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 the	limited liability company as it ap	opears on the records	of the Florida Dep	artmen
of State is: <u>CDF</u>	Logistics, LLC		. <u></u>	·
2. The Florida doc	ument/registration number assign	ed to this limited liab	oility company is:	
L21000274539		_•		
3. The date this mo	mber/manager withdrew/resigne	d or will withdraw/re:	sign is: <u>9/1/2021</u>	
4. I, Samantha Falco , hereby withdraw/resign as a (Print Name of Person Resigning)				
Manager	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the lin	nited liability compan	ny has been notifie	d of my
Ser Ja			2021 DEC SECRET	
Signature of Dissociating Member or Resigning Manager			01.0	- 1
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AH II: 0	. a'