L21 000 304647

(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Lakay Transport LLC	
(Name of Limited Lial	bility Company)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
Gethro Philippe	
(Contact Person)	
Lakay Transport LLC	2003 APR 24
(Firm/Company)	
6816 West view DR	
(Address)	
Lake worth FL, 33462	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Gethro Philippe 56 at (51 2986757
(Name of Contact Person) (A)	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F ■ \$25 Filing Fee □ \$5	Florida Department of State for: 55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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 lir	nited liability company as it a	ppears on the records of the Flo	orida Departme	nt
of State is: Lakay T	ransport LLC			<u>-</u> ·
2. The Florida docum	ent/registration number assign	ned to this limited liability com	pany is:	
L21000304647		<u></u> .		
3. The date this mem	ber/manager withdrew/resign	ed or will withdraw/resign is: _)4/13/2023	-
Keven Pierre		, hereby withdraw/resign as a	2005 S.F.	
(Print Noi Manager	ne of Person Resigning)			
	rint Title)		- 1 2 <u>2</u>	
of this limited liab resignation in writ	lity company and affirm the ling.	imited liability company has be	een notified of	my,
Signature of Dis	sociating Member or Resigning	ng Manager	. 0	
				ŕ
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

Filing Fee: Certified Copy: