121000306664

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

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Li Di Marin

SEP 2 4 7021 LALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SM Truck (Name of Limite	ed Liability Company)
The enclosed member, resignation or dissocial	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
Shabdan Moidu (Contact Person)	nov
SM Truking LLC (Figure Company)	
14247 Monterey P,	ines Dr. Apt. 101
Tampe, FL 33613 (City/State and Zip Code)	
For further information concerning this matter	, please call:
Shabdan Moidunov (Name of Contact Person)	at (<u>443</u>) <u>929 - 1058</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

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	limited liability company as it appears on the records of the Florida Department
of State is:	SM Trucking UC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L2100	00306664
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{2/23/202}{}$
4. I. Yevgenia	ta Marhlyagiua
AR	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
U	4- (Yevseunya Marklyafina) Associating Member of Resigning Manager
Signature of D	ssociating Member of Resigning Manager
Filing Fee:	
Certified Copy:	\$30.00 (Optional)