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SECRETARY OF STATE

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#### **COVER LETTER**

Division of Corporations		
ARETAS LOGISTOS, LLC SUBJECT:		
·	f Limited Liability (	Company)
The enclosed member, resignation or dis	ssociation and fe	c(s) are submitted for filing.
Please return all correspondence concern	ning this matter t	o:
MONIQUE ELLIS		
(Contact Person)		<u> </u>
ARETAS LOGISTICS, LLC		
(Firm/Company)		<del></del>
7 GRAND TETON COURT		
(Address)		<del>_</del>
NEW ORLEANS, LA 70131		
(City/State and Zip Code)		<del></del>
For further information concerning this	matter, please ca	П:
MONIQUE ELLIS	504 at (	905-9556
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made paya  ☐ \$25 Filing Fee		n Department of State for: ing 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

CR2E079 (2/14)



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SECRETARY OF STATE TALLAHASSEE, FL

## 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)

	e limited liability company as it appears on the records of the Florida Departmen
2. The Florida doc L21000346227	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
DENIES VODIN	
MEMBER	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting.  Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)