h2100	0359663
(Requestor's Name) (Address) (Address)	800387444568 05/13/2201003027 **25.00
(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	

F

Ju

COVER LETTER

TO: Registration Section Division of Corporations

1

D & I TRANSPORT LLC SUBJECT:

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GUSTAVO ANDRES PINILLA

(Contact Person)

D&I TRANSPORT LLC

(Firm/Company)

10623 BILLINGS ST

(Address)

ORLANDO, PL 32832

(City/State and Aip Code)

For further information concerning this matter, please call:

GUSTAVO ANDRES PINILLA (Name of Contact Person)
407 517-8671 at (_____)
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\log \\$25 Filing Fee \begin{bmatrix} D \\$55 Filing Fee & Certified Copy \begin{bmatrix} 0 \\ 0 \\ 0 \end{bmatrix} \begin{bmatrix} 0 \\ 0 \\ 0 \end{bmatrix} \begin{bmatrix} 0 \\ 0 \\ 0 \end{bmatrix} \begin{bmatrix} 0 \\ 0 \e

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

CR2E079 (2/14) 31 44

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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 appears on the records of the Florida Department of State is: _____
- 2. The Florida document/registration number assigned to this limited liability company is: L21000359663
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is:
- 4. I. ____

ALEJANDRO ALARCON PEREZ _____, hereby withdraw/resign as a ______, hereby withdraw/resign as a

 \sim ŝ

AMBR.

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee:

\$25.00 (Required) Certified Copy: \$30.00 (Optional)