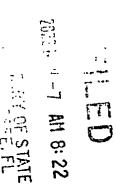
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COVER LETTER

Division of Corporations	
SUBJECT: E. JOCOLO LOGIC (Name of Limited Linbility	STICS LLC Company)
The enclosed member, resignation or dissociation and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Alloha Ritry (Contact Person)	
13M Edgewher De #	3021
Debrolo, Fl 32804	
(City/State and Zip Code)	
For further information concerning this matter, please c	all:
(Name of Contact Person) at 321 (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	da Department of State for: lling Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
I.O. DOA OJET	THE CONTROL I allahassee

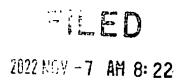
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

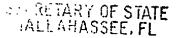
CR2E079 (2/14)

Tallahassee, FL 32314





FLORIDA DEPARTMENT OF STATE ALL AHASSEE, FL DIVISION OF CORPORATIONS



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department
of State is:	: Jacquet Logistics LLC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
	XXX403707
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{11222}{2}$
4.1, HIIS	nme of Person Resigning), hereby withdraw/resign as a
AMP	Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
A	Usle
Signat ur e of Di	ssociating Member of Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)