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(Requestor's Name)			
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DEC 21

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JHM LOGISTICS LLC	
	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:
Otis Milton	
(Contact Person)	
Milton & Associates Inc	
(Firm/Company)	
1310 W Colonial Drive, Suite 15	
(Address)	
Orlando, FL 32804	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Otis Milton	407 716-1054 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	le to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	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 of State is:		as it appears on the records of	the Florida Department
2. The Florida docu	ument/registration number a	assigned to this limited liabili	ty company is:
4, 1, Julia Phillips		esigned or will withdraw/resig	
	(Prim Title) bility company and affirm t	the limited liability company	has been notified of my
resignation in the			2022 SEP
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		23 PH 1:1