

122000016242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

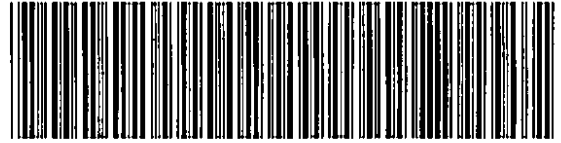
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

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APR 26 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WATERLEAF LOGISTICS, LLC  
\_\_\_\_\_  
(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:

CATHY CONLEY

\_\_\_\_\_  
(Contact Person)

WATERLEAF LOGISTICS, LLC.

\_\_\_\_\_  
(Firm/Company)

12019 CARDINAL FLOWER DR

\_\_\_\_\_  
(Address)

RIVERVIEW, FL 33579

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CATHY CONLEY at ( 813 ) 299-5458  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing 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

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2022 APR 11 AM 7:03

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WATERLEAF LOGISTICS, LLC.

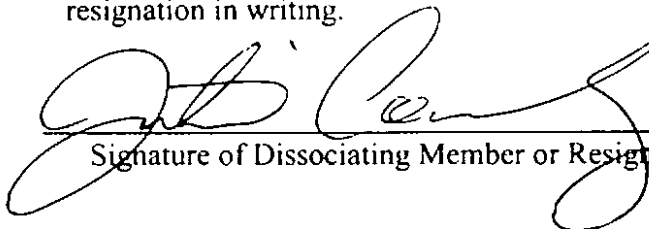
2. The Florida document/registration number assigned to this limited liability company is:  
L22000016242

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/07/2022

4. I, JUSTIN D CONLEY, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER  
*(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)