1220002988

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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J 3/20/2022

COVER LETTER

TO: Registration Section		
Division of Corporations		
J. Alpha Logistics SUBJECT:		
(Na	me of Limited Liability Co	ompany)
The enclosed member, resignation of	or dissociation and fee	(s) are submitted for filing.
Please return all correspondence co	ncerning this matter to):
John Safe		
(Contact Person)	-	_
J. Alpha Logistics LLC		
(Firm/Company)		_
2706 W Violet St		
(Address)		_
Tampa, FL, 33614		
(City/State and Zip C	ode)	_
For further information concerning	this matter, please cal	l:
John Safe	813 at (510-8910
(Name of Contact Person)		le & Daytime Telephone Number)
Englosed please find a check made		
	□ \$55 FIIII	ng 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



FILED

2022 MAR 16 AM 8: 30

SECRETARY, OF STATE TALEARASSEE, 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)

	limited liability company as it appears on the records of the Florida Department ha Logistics LLC
2. The Florida doc L22000029888	ument/registration number assigned to this limited liability company is:
	mber/manager withdrew/resigned or will withdraw/resign is:
Manager ————————————————————————————————————	 •
of this limited lia resignation in wr	(Print Title) bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
-	\$25.00 (Required) \$30.00 (Optional)