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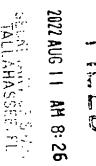
| (Requestor's Name) | | | |
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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER ,

| | gistration Section vision of Corporations | | | | |
|---------------------|--|-------------------------------------|---|--|--|
| SUBJEC' | A Bucket of Freight, LLC | | | | |
| JUDGEC | (Name of | (Name of Limited Liability Company) | | | |
| The enclo | sed member, resignation or diss | sociation and fee(| s) are submitted for filing. | | |
| Please ret | urn all correspondence concern | ing this matter to: | | | |
| Tiffany Sar | itinelli | | | | |
| | (Contact Person) | | - | | |
| A Bucket o | f Freight, LLC | | | | |
| | (Firm/Company) | ., ., | _ | | |
| 27253 Balm | noral Place NE | | | | |
| | (Address) | | - | | |
| Kingston, V | WA 98346 | | | | |
| | (City/State and Zip Code) | | | | |
| For further | er information concerning this r | natter, please call | : | | |
| Tiffany Sai | ntinelli | 360 at (| 674-0185 | | |
| - | (Name of Contact Person) | | e & Daytime Telephone Number) | | |
| Enclosed ☐ \$25 Fi | please find a check made payal ling Fee | | Department of State for: ng Fee & Certified Copy | | |
| R D P. | ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, El. 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)

| | • • • | s it appears on the records of the Florida Department |
|--|--|---|
| L22000076411 | ument/registration number a | ssigned to this limited liability company is: |
| | | signed or will withdraw/resign is: |
| 4. 1, Dawn D'Angelo (Print Name of Person Resigning) | | |
| AMBR | | |
| | • • - | ne limited liability company has been notified of my |
| Ť | issociating Member or Resig | ning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | |