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## **COVER LETTER**

**Division of Corporations** Bybrook Trucking Company, LLC SUBJECT: (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: Roan Forgie (Contact Person) Bybrook Trucking Company, LLC (Firm/Company) 519 Herring Gull Court (Address) Ocoee, FL 34761 (City/State and Zip Code) For further information concerning this matter, please call: Roan Forgie 5914970 (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: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



## 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)

	imited liability company as it appears on the records of the Florida Department kTrucking Company, LLC
2. The Florida docum	ment/registration number assigned to this limited liability company is:
3. The date this mem	nber/manager withdrew/resigned or will withdraw/resign is:
4. I,	, hereby withdraw/resign as a ne of Person Resigning)
Owner	
(P	rint Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
Millicent	Lone
Signature of Diss	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	