## L22000138204

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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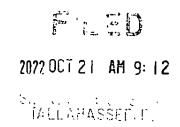
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## **COVER LETTER**

Division of Corporations	
SUBJECT: TRac Ran (Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Jeremy Sherrill (Contact Person)	
TRUC Rentols (Firm/Company)	
3470 Custer Avenue	
Lake Weith FL 3 (City/State and Zip Code)	3467
For further information concerning this matter, p	please call:
Teverny Shevrill at (Name of Contact Person)	(S61) 335 - 4441 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for:  \$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

Tallahassee, FL 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)

1. The name of the l	imited liability company as it appears on the records of the Florida Department
of State is:	5 Roc Rentals, UC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L22000	138204
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 10   8   22
4. 1. Rakes (Print Na	me of Person Resigning), hereby withdraw/resign as a
_AMB	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
	a de
Signature of Dis	sociating Member or Resigning Manager
-	\$25.00 (Required) \$30.00 (Ontional)