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(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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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	GRAN CASMALM TRUCKING LLC ECT:				
	(Name of Limi	ted Liability Con	npany)		
The e	nclosed member, resignation or dissocia	ation and fee(s) are submitted for	filing.	
Please	return all correspondence concerning (this matter to:			
FZ	AUSTO MEJIA - TREJO				
	(Contact Person)				
	(Firm/Company)		_		
7015 C	OXBOW RD				20
	(Address)				22 S
MINE	DLA, FL 34715				2022 SEP -6
	(City/State and Zip Code)		-		<u></u>
For fu	rther information concerning this matte	er, please call:		· · · · · · · · · · · · · · · · · · ·	AH II: 30
	FAUSTO MEJIA - TREJO	551 at (275 - 6416		J
	(Name of Contact Person)		& Daytime Telepho	ne Number)	
	sed please find a check made payable to 5 Filing Fee		Department of State (Fee & Certified C		
	Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corpo		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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	of the Florid	la Depar	tment
of State is: GRA	N CASMALM TRUCKING LLC				·
	ument/registration number assi	gned to this limited liab	ility compar	ıy is:	
1	ember/manager withdrew/resign			9/2022	
	dame of Person Resigning) MEMBER	, nereby withdraw/re	sign as a		
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm the litting.	imited liability compan	y has been n		əf my
JOS monte Signature of D	de los Scrios. issociating Member or Resignin	ng Manager	-	2022 SEP -6	J
~	\$25.00 (Required) \$30.00 (Optional)		, - 	AH 11: 30	D