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## **COVER LETTER**

TO: Registration Section Division of Corporations CHINGOLO LOGISTICS 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: FERNANDO GALLO (Contact Person) CHINGOLO LOGISTICS LLC (Firm/Company) 1001 SW 67th Avenue Suite #105 (Address) Miami, FL 33144 (City/State and Zip Code) For further information concerning this matter, please call: FERNANDO GALLO (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



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SECRETARY OF STATE TALLAHASSEE, 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)

1. The name of the	limited liability company as i	t appears on the records of the Florida Department
of State is: CHIN	GOLO LOGISTICS LLC	
2. The Florida docu L22000324879	ument/registration number ass	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:
4. I. Florencia Manzanelli (Print Name of Person Resigning)		, hereby withdraw/resign as a
Managing Membe		
	(Print Title)	
resignation in the		limited liability company has been notified of my  ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	