L22 000 342 430

(Requ	estor's Name)			
(Addre	ess)			
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(City/S	State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Busin	ess Entity Nar	me)		
(Docu	ment Number))		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	LOGISTICA INTELIGENTE SOL	UTION LLC	
0000		nited Liability Con	npany)
The e	nclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
INAR'	YS C. CARDO GARGALLO		
	(Contact Person)		_
LOGIS	STICA INTELIGENTE SOLUTION LLC		
	(Firm/Company)		_
1062 1	NW 123RD CT		
	(Address)	<u> </u>	-
MIAM	41, FL 33182		
	(City/State and Zip Code)		-
For fu	arther information concerning this mat	ter, please call:	
INAR	YS C. CARDO GARGALLO	786 at (4242626
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed please find a check made payable	to the Florida I	Department of State for:
	5 Filing Fee		g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations The Centre of Tallahassee
	P.O. Box 6327		2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314		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)

/registration number as	signed to this limited liabi	114	
		inty company is:	
/manager withdrew/res	igned or will withdraw/res	ign is:	

company and affirm th		y has been notified of	imy
ating Member or Resig	ning Manager	· · · · · · · · · · · · · · · · · · ·	2822 (
25.00 (Required) 30.00 (Optional)		- - -	101 -3 PH 6:
	ENCIA (Person Resigning) Title) company and affirm th	Title) ating Member or Resigning Manager 25.00 (Required)	Title) company and affirm the limited liability company has been notified of atting Member or Resigning Manager 25.00 (Required)