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(Req	uestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: (Name of L	imited Liability Cor	mpany)	· · · · · ·
The enclosed member, resignation or disso	ociation and fee(s) are submitted	for filing.
Please return all correspondence concernir	ng this matter to:		
Sarah Drummond			
(Contact Person)	· ·	_	
n/a			
(Firm/Company)		_	· 2
7212 US HWY 1			23 JU
(Address)		···	LAHASS
PORT ST LUCIE, FL 34952			2023 JUL 26 AM II: 15 SECALTANY OF STATE STALL AHASSEE. FL
(City/State and Zip Code)		_	E ST
For further information concerning this ma	atter, please call:		- TE 15
Sarah Drummond	772 at (204-6122	
(Name of Contact Person)		& Daytime Telep	phone Number)
Enclosed please find a check made payable \$\Bigsize \\$25 \text{Filing Fee}\$		Department of St g Fee & Certified	
Mailing Address:		Street Address:	etion
Registration Section Division of Corporations		Registration Se Division of Cor	

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 a of State is: UNITED WORLD WIDE VAN LINES LLC	•	
2. The Florida document/registration number assign L22000360327	ned to this limited liability company is:	
3. The date this member/manager withdrew/resigne 4. I, Sarah Drummond (Print Name of Person Resigning) Manager/ Owner (Print Title)	, hereby withdraw/resign as a LLAHASSEE, F	
of this limited liability company and affirm the lir resignation in writing. Signature of Dissociating Member or Resigning	<u></u>	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)