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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
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COVER LETTER

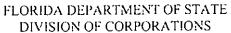
Registration Section TO: Division of Corporations TRINITY ROSE TRANSPORT LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: MARISOL BROWN (Contact Person) TRINITY ROSE TRANSPORT LLC (Firm/Company) **501 HOWARD ST E** (Address) LIVE OAK, FL 32064 (City/State and Zip Code) For further information concerning this matter, please call: MARISOL BROWN at (____ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **\$25** Filing Fee Street Address: Mailing 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 32303

Tallahassee, FL 32314







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Departmen
2. The Florida doo	cument/registration number assigned to this limited liability company is:
L2300	0005593
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
HIAN! MANGED	
MGR	
resignation in w	Mus
Signature of D	Dissociating Member or Resigning Manager
	\$25.00 (Required)
Certifica Copy:	\$30.00 (Optional)