L73000 120697

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200420516882

12/22/23--01036--013 **840.00

2023 DEC 22 MHTH: 43
SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp			
CHAKAO I SUBJECT:	LOGISTICS LLC		
	(Name of	Limited Liability Co	ompany)
The enclosed member, i	esignation or dis	sociation and fee	(s) are submitted for filing.
Please return all corresp	ondence concern	ing this matter to	:
Carola Olses			<i>-</i> 2
-	Contact Person)		ezal Sev
Cales W LLC			SECHETARY:
(1	'irm/Company)		
1025 E Hallandate Beach B	v Ste 15 # 921		
	(Address)		न्य क्रिंट इ.स. इ.स. इ.स.
Hallandale Beach FI 33099			•
(City.	(State and Zip Code)		_
For further information	concerning this m	natter, please cal	1:
Carola Olses		786 at (5699706)
(Name of Con	tact Person)		le & Daytime Telephone Number)
Enclosed please find a o ■ \$25 Filing Fee	theck made payab		Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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)

1. The name of the	limited liability company as it appears on the records of the Fl	orida Dej	partment
CHAR of State is:	CAO LOGISTICS LLC	m.	2023
	ment/registration number assigned to this limited liability con	P CR	DEC 22
Massilla Ladania	mber/manager withdrew/resigned or will withdraw/resign is:, hereby withdraw/resign as a	77.	11111113
(Print No	ame of Person Resigning)		
Manager			
	(Print Title)		
of this limited lial resignation in wri	pility company and affirm the limited liability company has be iting	en notifie	ed of my
Signature of Di	ssociating Member or Resigning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		