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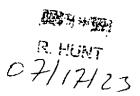
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COVER LETTER

Division of Corporations	
SUBJECT: GP ELITE LOGISTICS (Name of Limited Liability Con	nipany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
DAVID GRUBBS	
(Contact Person)	_
GP EVITE LOGISTICS UC.	6.1 6.1 7.1 .3
(Firm/Company)	
19435 SW 67TH ST.	17 Pl
(Address)	E C
FORT VAVOERDAME, FZ 33332	PHIO: 03
(City/State and Zip Code)	
For further information concerning this matter, please call:	
DAVID GRUBBS at 305	, 345.0113
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I S25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section



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 F	Florida Dep	artment
of State is:	PELME WOGST	105 VC	•		·
2. The Florida docu	iment/registration number as	ssigned to this lim	nited liability co	mpany is:	
L23000	212545	 ,			
3. The date this me	mber/manager withdrew/res	igned or will with	draw/resign is:	7/10/2	.3
4. 1, <u>Avrento</u> (Print N	PICALIO ame of Person Resigning)	, hereby with	ndraw/resign as	a	
Col	Print Title)				
of this limited lial resignation in wr	oility company and affirm th	e limited liability	company has b	een notific	d of my
	Lil				
Signature of Di	ssociating Member or Resig	ning Manager		103 2	
Filing Fee:	\$25.00 (Required)			e 1'	7
_	\$30.00 (Optional)			17 PH	á i (
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