

(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:					

Office Use Only



400430290124

05/23/24--01026--011 **25.00

AND NASSEE FEE

FILED

COVER LETTER

TO: Ro	egistration Section		
Di	vision of Corporations		
SUBJEC.			
	(Name of	Limited Liability Co	ompany)
The enclo	sed member, resignation or diss	sociation and fee((s) are submitted for filing.
Please reti	urn all correspondence concern	ing this matter to	:
Yohan Tabo	oada		
	(Contact Person)		_
			_
	(Firm/Company)		
12811 SW 4	43 Drive #117A		
	(Address)		
Miami FL 3	3175		
	(City/State and Zip Code)		_
For furthe	r information concerning this n	natter, please call	:
Yohan Tabo	oada	305 at (833-0105
•	(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed j ■ \$25 Fil	please find a check made payab ing Fee		Department of State for: g Fee & Certified Copy
	illing Address: gistration Section		Street Address:
	vision of Corporations		Registration Section Division of Corporations
P.0	D. Box 6327		The Centre of Tallahassee
Ta	llahassee, FL 32314		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 l	limited liability company as	it appears on the records	of the Florida Department	
of State is: YNL T	ransport. LLC		·	
2. The Florida docu	ment/registration number as	ssigned to this limited liab	bility company is:	
L23000238002				
3. The date this men	mber/manager withdrew/res	igned or will withdraw/re	esign is:	
4. I, Nathaly Reyes (Print Name of Person Resigning)		hereby withdraw/resign as a		
4. 1,(Print No.	ame of Person Resigning)	,	_	
Manager				
((Print Title)			
resignation in wri	pility company and affirm the iting. Section of Resignation of Re			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED 2024 HAY 23 AH	