

8/12/23, 11:32 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L230002804573

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AB ALL SERVICES INC
Account Number : I20200000155
Phone : (305)882-1238
Fax Number : (305)882-1260

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRUCKS2USA LLC

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

T. LEMIEUX
Help AUG 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUCKS2USA LLC

(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:

JUAN J PEREZ SR

(Contact Person)

TRUCKS2USA LLC

(Firm/Company)

2901 NW 87TH TERRACE

(Address)

MIAMI FL 33147

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN J PEREZ SR

(Name of Contact Person)

786

717-2219

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing 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



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 Florida Department of State is: TRUCKS2USA LLC

2. The Florida document/registration number assigned to this limited liability company is:
L23000249759

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/12/2023

4. I, JUAN J PEREZ SR, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED MEMBER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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