L23000330956

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

TO: Registration Section Division of Corporations	
THT Couriers SUBJECT:	
	imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
Todd Hubbard	
(Contact Person)	
THT Couriers	
(Firm/Company)	
603 E Call St Apt 606	
(Address)	
Tallahassee, Fl. 32301	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Todd Hubbard	850 553-1062 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	e to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
ratianassee, i E 52517	Tallahassee, FL 32303

CR2E079 (2/14)



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: THT Couriers' LLC
2. The Florida document/registration number assigned to this limited liability company is:
1.23000330956
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/20/23
4. I, hereby withdraw/resign as a
(Print Name of Person Resigning)
Advising 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 of Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: