123000430899

(Requestor's Name)				
(Address)				
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(A) (B) (A)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
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SECRETATION OF THE

2023 OCT -5 AH 11: 13

COVER LETTER -

TO: Registration Section Division of Corporations	
SUBJECT: FMR Transport LL (Name of Limited Liability Con	mpany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Raul Rubira (Contact Person)	202 S = -
FMR Transport LLC	SECRETALL VI
6718.57+5+ (Address)	
Hiatean FL 33013 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Raul M. Rubira at (502 (Name of Contact Person) (Area Code	(a) 5-18 - 73 24 (A Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$\subset\$ \$\subs	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



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)

			ls of the Florida Department
2. The Florida docu	ment/registration number	assigned to this limited li	ability company is:
<u>L23000</u>	430899	·	
3. The date this mer	nber/manager withdrew/re	esigned or will withdraw/i	resign is: <u>10 -1 -2 02</u> 3
4.1. Maria (Prim No	C. Morales ime of Person Resigning)) , hereby withdraw/	resign as a
AMBR	Print Title)		
of this limited liab resignation in wri		the limited liability comp	any has been notified of my
	er C. MG sociating Member or Res		2023 OCT -5 SECRETTED SECRETED
	\$25.00 (Required) \$30.00 (Optional)		-5 MHIII