L23000 541670

(Requestor's Name)
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(Business Entity Name)
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2024 HAY 17 PM 3: 20

, COVER LETTER

TO: Regis	stration Section		
Divis	ion of Corporations		
SUBJECT:	TRANSPORTATION MGB FAMIL		
	(Name of Lim	ited Liability C	ompany)
The enclosed	l member, resignation or dissoci	ation and fee	e(s) are submitted for filing.
Please return	all correspondence concerning	this matter to) :
BASILE, FRE	DDY G		
	(Contact Person)		
TRANSPORT	ATION MGB FAMILY LLC		
	(Firm/Company)		
167 WINDRO	SE DR		
	(Address)		<u> </u>
ORLANDO, F	L 32824		
	(City/State and Zip Code)		_ _
For further in	nformation concerning this matt	er, please cal	1:
BASILE, FREI	DDY G	407 at (4552885)
(N	ame of Contact Person)	(Area Coo	de & Daytime Telephone Number)
Enclosed ple ■ \$25 Filing	ase find a check made payable t g Fee		Department of State for: ng 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

FILED 2024 MAY 17 PM 3: 20

TALLAHASSEE, FLORIDA

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

TRA	limited liability company a	is it appears on the records of the Florida Department
2. The Florida doc	ument/registration number a	assigned to this limited liability company is:
L23000541670		
		signed or will withdraw/resign is:
4. I, BASILE, BARBARA V (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
MGR		
	(Print Title)	
resignation in wr	riting.	he limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	