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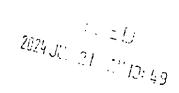


## **COVER LETTER**

FO: Registration Section Division of Corporations	
SUBJECT: HAINES CITY CARGO EXPRESS L.L.C.	
(Name of Limited Liability C	.ompany)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o:
ADRIANA STALLONE RENGIFO	
(Contact Person)	<del></del>
Liand	
(Firm/Company)	<u> </u>
1073 PRESERVE DRIVE	
(Address)	<del></del>
DAVENPORT, FLORIDA 33896	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please ca	II:
ADRIANA STALLONE RENGIFO 321 at (	3143865
······································	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  \$25 Filing Fee \$55 Filing	a Department of State for: ing Fee & Certified Copy
Mailing Address:  Registration Section Division of Corporations P.O. Box 6327 Tallabasses, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

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)

HAINES CIT	I liability company as it appears on the records of the Florida Department Y CARGO EXPRESS L.L.C.
2. The Florida document/i	registration number assigned to this limited liability company is:
EDGAR RAFAEL DEL	nanager withdrew/resigned or will withdraw/resign is:
4. [	, hereby withdraw/resign as a Person Resigning)
(Print Ti	tler
of this limited liability c resignation in writing.	ompany and affirm the limited liability company has been notified of my
Signature of Dissociat	ing Member or Resigning Manager
_	.00 (Required)