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COVER LETTER

Division of Corporations BigJakeSilverback Transportation and Logistics SUBJECT: (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: Matthew H Jacobson (Contact Person) (Firm/Company) 7402 S West Shore Blvd (Address) Tampa. FL 33616 (City/State and Zip Code) For further information concerning this matter, please call: Matthew H Jacobson 480 241 3710 at (_____ (Name of Contact Person) (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:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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 th	ne Florid	a Department
of State is:	keSilverback Transportation and 1	Logistics	17VI 11S	2024
2. The Florida docu	iment/registration number as	signed to this limited liability	compan	
L24000120352				ω [] ≥ []
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign	is: Elizate	₹ 2024 =
4. I, Stephanie Yvonn	·	, hereby withdraw/resign		
(Print No	ame of Person Resigning)			
Vice President				
(Print Title)			
of this limited liab resignation in wri		e limited liability company ha	s been n	otified of my
Signature of Di	ssociating Member-or Resign	ning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			