

L24000361407

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COVER LETTER

TO: Registration Section Division of Corporations TRANSPORT GP LLC 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: GISEL MARTINEZ (Contact Person) TRANSPORT GP LLC (Firm/Company) 235 SW HONEYCOMB CT (Address) FORT WHITE FL 32038 (City/State and Zip Code) For further information concerning this matter, please call: GISEL MARTINEZ 386 585-3591 (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



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 of State is:		it appears on the records of the Florida Department
2. The Florida doc		ssigned to this limited liability company is:
L24000361407		
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
4. I, PEDRO J LUSSON (Print Name of Person Resigning)		, hereby withdraw/resign as a
MGR	tant by the second treating,	
	(Print Title)	
resignation in w	riting/	ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager All ASSEE, FL
Filing Fee: Certified Copy:	\$25.00 (Required)	FLE 36
Certified Copy:	\$30.00 (Optional)	1