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COVER LETTER

	egistration Section ivision of Corporations		
SUBJEC	Henko Trailers LLc		
SOBJEC		imited Liability Co	mpany)
The enclo	osed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please ret	urn all correspondence concerni	ng this matter to:	
Osdiel Ferr	nandez		
	(Contact Person)	·-··	_
Henko Trai	ilers LLC		
	(Firm/Company)	<u></u>	
915 W 69tl	h St		
	(Address)	·	_
Hialeah Flo	orida 33014		
	(City/State and Zip Code)		
For furthe	er information concerning this ma	atter, please call:	
Osdiel Ferr	nandez	786 at (424-3154
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed	please find a check made payabl	e to the Florida I	Department of State for:
≡ \$25 Fi			g Fee & Certified Copy
M:	ailing Address:		Street Address:
Re	egistration Section		Registration Section
	ivision of Corporations		Division of Corporations
	O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
10	illahassee, FL 32314		Tallahassee, FL 32303

CR2E079 (2/14)



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)

Henk	to Trailers LLc	s it appears on the records of the Florida Department
2. The Florida doc L24000486272	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
Omar Gonzalez		hereby withdraw/resign as a
4. 1,(Print N	Name of Person Resigning)	, hereby withdraw/resign as a
Sr	·	
	(Print Title)	
resignation in wr	oriting.	he limited liability company has been notified of my
Signature of D	issociating Member or Resi	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	PHILLE