## M06000003880

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Susiness Littly Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



700131639707

07/01/08--01018--020 \*\*55.00

OS JUL -I AM II: 0

T. HAMPTON

JUL - 2 2008

**EXAMINER** 

## **COVER LETTER**

| TO:     | Registration Section Division of Corporations    |  |
|---------|--|--|
|         | •  |  |
| SUBJ    | JECT: BRYANT TRANSP                              | ORT, LLC   |
|         | (Name o  | f Limited Liability Company)                           |
| The e   |  | er or manager resignation and fee(s) are submitted for |
| Please  | e return all correspondence concer               | ning this matter to:                                   |
| WIL     | LIAM T KEYWAN                                    |  |
|         | (Contact Person)                                 |  |
| BRY     | ANT TRANSPORT, LLC                               |  |
|         | (Firm/Company)                                   |  |
| 150     | 00 CITRUS COUNTRY D                              | RIVE, SUITE 209  |
|         | (Address)  |  |
| DAE     | DE CITY, FL 33523                                |  |
|         | (City/State and Zip Code)                        | <del></del>  |
| For fu  | urther information concerning this               | matter, please call:                                   |
| WIL     | LIAM T KEYWAN                                    | <sub>at (</sub> 352 <sub>)</sub> 523-2323              |
|         | (Name of Contact Person)                         | (Area Code & Daytime Telephone Number)                 |
| Enclo   |  | ble to the Florida Department of State for:            |
|         | \$25 Filing Fee                                  | \$55 Filing Fee & Certified Copy                       |
|         |  | сетиней сору   |
|         | EET/COURIER ADDRESS:                             | MAILING ADDRESS:                                       |
| _       | tration Section                                  | Registration Section                                   |
|         | ion of Corporations                              | Division of Corporations                               |
|         | n Building<br>Executive Center Circle            | P.O. Box 6327  |
|         | Executive Center Circle<br>nassee, Florida 32301 | Tallahassee, Florida 32314                             |
| 1 alial | iassee, i iui iua <i>343</i> 01                  |  |

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|                                | limited liability company as it YANT TRANSPORT, I                                |                           | s of the Florida De        | partment<br>  |
|--------------------------------|--|---------------------------|----------------------------|---------------|
| 2. This limited liab           | ility company was organized u  | inder the laws of:        |                            |               |
| 3. The Florida doce M0600000   | ument/registration number of the 3880  | his limited liability con | npany is:                  |               |
|                                | IW METZGER, JR  Jame of Person Resigning)  bility company and affirm the liting. |                           |                            |               |
| Signature of Resi              | gning Member, Managing Me  | mber or Manager           |                            |               |
| Filing Fee:<br>Certified Copy: | \$25.00 (Required)<br>\$30.00 (Optional)   |                           | SECRETARY (<br>TALLAHASSEE | FIL 08 JUL -1 |

CR2E079 (5/06)