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17 DEC 19 PM 4: 28

S. WARREN

DEC 2 0 2017

COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: Indbus NA LLC (Name of Limited Liability Compa	any)
The enclosed member, resignation or dissociation and fee(s) a	are submitted for filing.
Please return all correspondence concerning this matter to:	
Cynthia Crider, Esq. (Contact Person)	
Boyette Cumnins & Wailor, RLC (Firm/Company)	
1635 E. Hw 50, Suite 300	
Cle/Mont FL 34711 (City/State and Zip Code)	
For further information concerning this matter, please call:	
UNAME of Contact Person) at (352) (Area Code &	394 - 2103 Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Dep \$25 Filing Fee	partment of State for: Fee & Certified Copy
	MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301



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 li	· ·		-	ecords of the Flor	ida Department
of State is:	INDBUS	NA, L	LC_		
2. The Florida docum	nent/registration m	ımber assign	ed to this limi	ted liability compa	any is:
M 15000	00) 3343		_•		
3. The date this mem	ber/manager witho	lrew/resigned	d or will witho	lraw/resign is: <u>N</u> o	ovember 8,2017
4. I, Glenn V					•
<u>Menber</u>	rint Title)	<u>.</u>			
of this limited liabil resignation in writi		iffirm the lin	nited liability o	company has been	notified of my
Signature of Diss	ociating Member of	or Resigning	Manager		17 OEC
Filing Fee:	•	•			第19日
Certified Copy:	\$30.00 (Optional)			PILED OEC 19 PH 4: 2