121000406867

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COVER LETTER

Division of Corporations	
SUBJECT: EDY M TEarly (Name of Limited Lie	partation LLC bility Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
101Ka W Speckum (Contact Person)	Lassignet Strukes
2997 Nantuckett AUE (Address)	
Oddi Charlestin, C 39 (City/State and Zip Code)	420
For further information concerning this matter, plea	ase call:
(Name of Contact Person) at (A)	404 GOZ-7795 ca Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee \$5	lorida Department of State for: 5 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

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 the Florida Departmen
of State is: EST THE TRANSPORTATION UC
2. The Florida document/registration number assigned to this limited liability company is:
L2/000406867
3. The date this member/manager withdrew/resigned or will withdraw/resign is: ///61/2/
4. 10 Ka M. AncRum, hereby withdraw/resign as a (Print Name of Person Resigning)
Marricia 160 Ower. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Docka 10 (Parrem)
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)