L13000/31733

(Re	equestor's Name)	
(Ad	dress)	· ·
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(Cit	ty/State/Zip/Phone) #)
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Uc Mem Resign

COVER LETTER

•	stration Section sion of Corporations		
SUBJECT:	Facilities-Solutions, LLC		
SCHOLCT.	(Name of Limi	ited Liability Con	npany)
The enclosed	d member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return	all correspondence concerning t	this matter to:	
Robert D. A	Ackley		
	(Contact Person)		_
Facilities-S	olutions, LLC		
	(Firm/Company)		
P. O. Box 2	2001		
	(Address)		-
Tarpon Spr	rings, FL 34689		
	(City/State and Zip Code)		_
For further is	nformation concerning this matte	er, please call:	
Robert D. A	Ackley	727 at (942-2835
(N	Jame 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			
Registration Division of Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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SECRETARY OF STATE
TALLAMASCEE "ORIDA

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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)

	limited liability company as it appears on the records of the Florida Department lities Solutions, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	
MGRM	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member of Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)