## L14000155514

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: AMF TUSCANY, LLC (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
ADRIANA B. GONZALEZ (Contact Person)		
AMF TUSCAWY, LLC (Firm/Company)		
1265 South PINE ISLAND Rd. (Address)		
PLANTATION, FL 33324 (City/State and Zip Code)		
For further information concerning this matter, please call:		
MIGUEL VA at (979) 3250185  (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\sum_\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_\sym_{\sym_{\sum_{\sym_{\sum_\sem_{\sum_\sym_\sym_\sym_\sym_\syn_\sem_\sym_\sym_\sym_\sym_\sym_\sym_\sym_\sy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)

Tallahassee, Florida 32301



## FILED

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

## 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 Department
of State is: AMF TUSCANY, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L14000155514
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, Norias Rossi , hereby withdraw/resign as a (Print Name of Person Resigning)
(Print Title) MGR
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)