

L18 00000

5118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

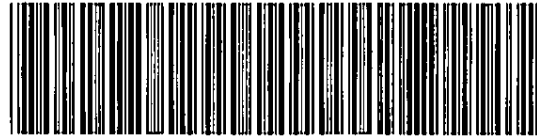
(Document Number)

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JUL 16 2020

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DIVISION OF CORPORATION  
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*Dissociation  
of  
Member*

SEP 20 2020

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACITS, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L1800005118

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rick Overberg  
Name of Person

ACITS, LLC  
Name of Firm/Company

2160 C.J. Ln  
Address

Labelle FL 33935  
City/State and Zip Code

rick@rickoverberg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Overberg at ( 954 ) 401-3202  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DEPARTMENT OF  
CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2020

RICK OVERBERG  
ACITS LLC  
2160 CJ LN  
LABELLE, FL 33935

SUBJECT: ACITS LLC  
Ref. Number: L18000051118

We have received your document for ACITS LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong resignation form. Please complete the attached resignation form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 820A00017062



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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**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: ACITS, LLC
2. The Florida document/registration number assigned to this limited liability company is: L180000518
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/15/2020
4. I, Martin Basson, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)