

L18000 107724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

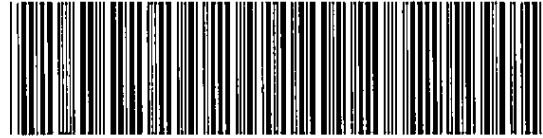
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/01/19--01003--024    \$75.00

JUL 13 2019  
S. YOUNG

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19 JUL -1 PM 7:10  
STATE OF MISSISSIPPI  
JUL 13 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

3103 Belden, LLC

**SUBJECT:** \_\_\_\_\_  
(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:

Kayla Littlepage

\_\_\_\_\_  
(Contact Person)

AGM Properties, LLC

\_\_\_\_\_  
(Firm/Company)

2303 N 44TH ST STE 14-1117

\_\_\_\_\_  
(Address)

PHOENIX, AZ 85008

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

KAYLA LITTLEPAGE

480

737-4043

\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name 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

\$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 Department  
3103 Belden, LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L18000107724  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-25-19  
Tal L VOLNER  
\_\_\_\_\_

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR  
\_\_\_\_\_

(Print Title)

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)

FILED  
19 JUL -1 AM 7:11