

W19 000248784

Fabian ARDILES  
2559 Montclair Circle  
WASTON, FL 33327

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32307

2023 JAN -3 AM 9:46

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A. RIVERS  
MAR 13 2023



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)

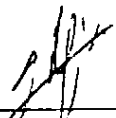
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ATCONSULTORS ASSESSORAMENT I SERVEIS AMERICA LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000248784

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-28-2022

4. I, REGINA PEY PLA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MENBER MANAGER  
*(Print Title)*

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

  
REGINA PEY PLA.  
Signature of Dissociating Member or Resigning Manager

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