MU7UUUUU 2937

(Requestor's Name)				
(Address)				
- (Address)				
(City/State/Zip/Phone #)				
☐ PICK-UP ☐ WAIT ☐ MAIL				
FIGNOR WAIT				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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10 OCT IS AN ID: 00

B. KOHR

OCT 18 2010

EXAMINER

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446					
WALK-IN	OFFICE USE ONLY				
ENTITY NAME:					
AFC LLC CK# 4889 FOR \$50.00 (\$25.00 for this filing)					
PLEASE FILE THE ATTACHED RESIGNATION & RETURN THE FOLLOWING:					
CERTIFIED COPY XXX STAMPED COPY	STATE LARY OF COR				
CERTIFICATE OF STATUS	AH C 00				

Examiner's Initials

COVER LETTER

	istration Section sion of Corporations					
SUBJECT:	AFC LLC					
(Name of Foreign Limited Liability Company)						
Dear Sir or M	ladam:					
The enclosed	withdrawal and fee(s) are submitted	for filing.		f 4		
Please return	all correspondence concerning this m	atter to the following:		,		
TLS/NRAI				•		
	(Name of Person)					
			·			
NRAI CO	RPROATE SERVICES					
,	· (Firm/Company)		•			
2731 EXE	CUTIVE PARK DRIVE, SU	ITE 4				
	(Address)					
WESTON	I, FL 33331					
	(City/State and Zip Code)					
For further in	formation concerning this matter, ple	ase call:				
TLS		at (954	318-2787			
	(Name of Person)		Daytime Telephone Number)			
	REET/COURIER ADDRESS: istration Section	MAILING ADDRESS: Registration Section				
Division of Corporations		Division of Corporations				
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314				
	ahassee, Florida 32301					
Enclosed is a	a check for the following amount:					
☑ \$25 Filing	Fee \$30 Filing Fee &	🗅 \$55 Filing Fee &	□ \$60 Filing Fee,			
	Certificate of Status	Certified Copy	Certificate of Status &			





POCY IS MADO

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	he limited liability company as	it appears on the record	s of the Florida Department
of State is: A	FC LLC		
2. This limited li	ability company was organized	under the laws of:	
3. The Florida do M070000	ocument/registration number of 002937	this limited liability cor	mpany is:
4. I, WEISMA	N, SUSAN	, hereby resign as a	MANAGER
	t Name of Person Resigning)		(Print Title)
of this limited resignation in	- .	,	ny has been notified of my
Susa	n Wusna	7	
Signature of R	esigning Member, Managing M	ember or Manager	.
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)