L10000104300

(Re	questor's Name)	
— (Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
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S. WARREN
JUN 2 6 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALL SOURCE GROU (Name of Limited Liability)	P, LLC y Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to:
JAMES EDWARD VANREENEN (Contact Person)	
(Firm/Company)	
1121 SEMINOLE DRIVE (Address)	
INDIAN HARBOUR BEACH, FL. (City/State and Zip Code)	32937
For further information concerning this matter, please	call:
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor ☐ \$25 Filing Fee ☐ \$55 F	ida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 co	ompany as it a	ppears on the re	cords of the Flo	orida De	partn	aent
of State is: Al	L SOURCE	GROUP,	ЦС				·
2. The Florida doci	ument/registration	number assigr	ned to this limite	ed liability com	pany is:		
L10000	104300		→ ·				
3. The date this me	/ .	_			5/31	/20	117
4.1. JAMES E	EDWARD VANFiame of Person Resign		_, hereby withd	raw/resign as a			
	MANAGING SE (Print Title)	CRETARY					
of this limited lia resignation in wr	bility company and iting.	d affirm the lir	nited liability co	ompany has bee	n notifi	ed of	my
J-1/4				_			
Signature of Di	issociating Membe	er or Resigning	Manager				
Filing Fee: Certified Copy:	\$25.00 (Requires \$30.00 (Option	•				17 JUN 2	
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