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PICK-UP	☐ WAIT	MAIL
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(Dear)		<u> </u>
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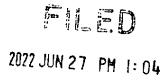
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COVER LETTER

TO:	_	stration Section		
	Divis	ion of Corporations		
SUBJ	ECT:	AR-TEC GROUP SERVICES, LI	.C	
		(Name of L	Limited Liability Cor	mpany)
The er	nclosed	l member, resignation or disse	ociation and fee(s) are submitted for filing.
Please	return	all correspondence concerni	ng this matter to:	
FRAN	CISCO	BLEISCHMIDT		
		(Contact Person)		_
AR-TE	C GRO	UP SERVICES, LLC		
		(Firm/Company)		_
6948 N	IW 50th	Street		
		(Address)		_
Miami,	, Florida	33166		
		(City/State and Zip Code)		-
For fu	rther in	nformation concerning this m	atter, please call:	
Francis	sco Bleis	schmidt	305 at (218-6931
	(N	ame of Contact Person)		& Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made payabl		Department of State for: g Fee & Certified Copy
<i>□ 02.</i>	o i mnig	<u> </u>	C 555 Filli	g ree ac centified copy
		ng Address:		Street Address:
	~	stration Section ion of Corporations		Registration Section Division of Corporations
		Box 6327		The Centre of Tallahassee
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

TALENHASSES FU

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

(Pursuant to 605.0216, Florida Statutes)

	he limited liability company as it appears on the records of the Florida Department R-TEC GROUP SERVICES, LLC
2. The Florida do	beument/registration number assigned to this limited liability company is:
	nember/manager withdrew/resigned or will withdraw/resign is:
4. I. Alicia M. Ven	ancia a/k/a Alicia Leon, hereby withdraw/resign as a Name of Person Resigning)
member and ma	
	(Print Title)
of this fimited I resignation in v	iability company and affirm the limited liability company has been notified of my criting.
Signature of I	Dissociating Member or Resigning Manager
Filing Fee: Pertified Conv	\$25.00 (Required) \$30.00 (Ontional)