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(Re	equestor's Name)	
(Ad	ldress)	
(A d	dress)	
(Ad	aress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECHETARY OF STATE TAILLAHASSEE, FLORIDA

JUN -2 AMID: IX

HLED

## **COVER LETTER**

	TO: Registration Section Division of Corporations				
	SUBJECT: A. H. Services, LLC (Name of Limited Liability Company)				
	Dear Sir or Madam:				
	The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to the following:				
	Cesar F. Garcie Azarro  (Name of Person)  A 1150 - 1 0 5	06 JUH - C			
Ŋ,	Firm Company)	200			
	. 1183 High End ST	STATE			
	Savasore, FL 34234 (City State and Zip Code)				
	For further information concerning this matter, please call:				
•	Ceser Gercle at 561 833-1933 (Name of Person) at 661 Daytime Telephone Number)				
	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				
	Enclosed is a check for the following amount:				
	\$25 Filing Fee \$\times \text{CR2E079 (8 05)} \text{\$55 Filing Fee & Certified Copy}				



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Pablo Mendietz, hereby resign as manager (Title)	
of A. H. Services (Limited Liability Company)	2
a limited liability company organized under the laws of the State of Floride	皇里
and affirm that the limited liability company has been notified in writing of the resignation.	2 船10:
THE STATE OF THE S	0:15
(Signature of resigning manager, managing member or member)	

#### **FILING FEE 1S \$25.00**

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314