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(Requestor's Name)						
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(City/State/Zip/Phone #)						
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D. BRUCE

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EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Divisi	on of Corporations				
SUBJECT:	AMERICAN SOLUTION	S, LLC			
•		ed Liability Company)			
The enclosed filing.	member, managing member or r	nanager resignation and fee(s) are submitted for			
Please return	all correspondence concerning the	nis matter to:			
PATRICIA	A E. CLAWSON				
	(Contact Person)	••••			
AMERICA	N SOLUTIONS, LLC	ALLA LLA	200		
•	(Firm/Company)	HASS	7		
6611 N W	OODRIDGE DRIVE	CARETARY OF STATE LAHASSEE. FLORIDA	· .		
•	(Address)	FLO	(
PARKLAN	ND FL 33067	RIDA			
	(City/State and Zip Code)				
For further in	formation concerning this matter	r, please call:			
PATRICIA	A E. CLAWSON	at (954) 709-3980			
(Na	ame of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed plea	ase find a check made payable to \$\square\sq	the Florida Department of State for: \$55 Filing Fee & Certified Copy			
STREET/CO Registration S	OURIER ADDRESS: Section	MAILING ADDRESS: Registration Section			
Division of C	orporations	Division of Corporations			
Clifton Build	ing ve Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, I		rananassee, 1 lorida 5251 (



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		of the Flor	rida Department
of State is: AM	ERICAN SOLUTION	S, LLC		Ze C
	ility company was organized			UKETARY OF LAHASSEE, FL
3. The Florida docu 	ument/registration number of 2238	this limited liability con	npany is:	PM 12: 31 OF STATE FLORIDA
4. I, OSWALDO) BERNAL	, hereby resign as a	MANAC	SER
	ame of Person Resigning)		(Pri	nt Title)
of this limited lial resignation in wri	bility company and affirm the iting.	e limited liability compai	ny has beer	n notified of my
Signature of Resi	gning Member, Managing M	lember or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			