

LD 7000055033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

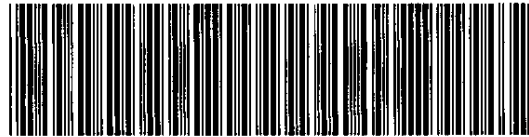
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900184518169

08/24/10--01030--003 **25.00

FILED
2010 AUG 24 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 25 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AR LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rafael Padron

(Contact Person)

AR LLC

(Firm/Company)

8370 NW 159 TERR

(Address)

MIAMI LAKES FL 33016 US

(City/State and Zip Code)

For further information concerning this matter, please call:

Rafael Padron

(Name of Contact Person)

at (305)

525 - 3054
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:



\$25 Filing Fee



\$55 Filing Fee &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

2010 AUG 24 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AR LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L07000055033

4. I, Julie Padron, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Julie Padron
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)