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(Requestor's Name)		
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
/P.	siness Entity Nar	no/
(60	Silless Littly Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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2001 SEP 20 P 12: 5

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A GOO K (Name of Lin	Accounting LL C nited Liability Company)
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Katsina A. Berkr (Contact Person)	2007 SEP SECRET TALLAHA
MAK Consisting (Firm/Company)	2001 SEP 20 P 12: 57 SECRETARY OF STATE ALLAHASSEE. FLORIDA
2861 <u>Nw</u> 22 ncl (Address)	Terrare RIDA
Pompano Beach Fl (City/State and Zip Code)	23067
For further information concerning this mat	ter, please call:
(Name of Contact Person)	at (<u>984</u>) <u>970 - 1888</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the li	imited liability company as it appears on the re	ecords of the Florida Department
of State is:	A and K Accounting Serv	ies uc
2. This limited liabil	ity company was organized under the laws of	7001 SEP 20 SECRETARY TALLAHASSE
11.4	ment/registration number of this limited liabili	ity company is:
4. I, Andrew (Print Na.	me of Person Resigning), hereby resig	n as a <u>Manager</u> (Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability c ing.	company has been notified of my
Signature of Resig	gning Member, Managing Member or Manage	r
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	