18PCCOOS

(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:	
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Office Use Only



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08/07/14--01028--003 **25.00

AUG 12 2014

R. WHITE

COVER LETTER

	ration Section on of Corporations
SUBJECT: _	A Plus telephones, LC
	(Name of Limited Liability Company)
The enclosed A	rticles of Dissolution and fee(s) are submitted for filing.
Please return al	correspondence concerning this matter to the following:
	Aunelio NoyA
	(Name of Person)
	\mathcal{M}
	(Firm/Company)
	1825 Pauce de Los Blue =423
	1825 Proce de Los Blue =423 (Address) (City/State and Zip Code)
	(City/State and Zip Code)
For further info	rmation concerning this matter, please call:
·	Aurelia Nap at (786) 372 - 7045 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a che	ck for the following amount:
\$25.00	Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the li	mited liabilit	y company as i	t appears on the reco	rds of the Florida Department
of State is:	A	Plus	telephoes	LC
•	nent/registrati ゆ ゆゆう		igned to this limited	liability company is:
3. The date this mem	ber/manager	withdrew/resig	gned or will withdraw	//resign is:
4. I, Aure	me of Person Re	oyA signing)	, hereby withdraw	w/resign as a
M		·		
·	lity company	and affirm the	limited liability com	pany has been notified of my
Q	mli	Tho	? 4	
Signature of Diss	sociating Men	nber or Resign	ing Manager	
Filing Fee: Certified Copy:	•	• '		