## L08000 648392

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



600236229906

06/18/12--01006--010 \*\*25.00

12 JUN 18 PH 12: 15

JUN 1 9 2012 T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Associated Environments (Name of Limite	nmental Consulting Group, LLO d Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Nichole La Crois	×
(Firm/Company)	
3094 Suntan Ct	
Palm Bay, FE 3290° (City/State and Zip Code)	7
For further information concerning this matter	
Nichole La Croix (Name of Contact Person)	at (321) 446-0391 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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						
of State is: AS	sociated	Environ	mental	Consulting	g Garoc	20,LC
2. This limited liabi	lity company wa	ıs organized und	er the laws of:			
Brevard	County, Fl	Porida				
3. The Florida docu	ment/registration	n number of this	limited liabilit	y company is:		
	200483		,	, ,		
4. I, Nicho (Print No	le Levy nme of Person Re <b>l</b> ig	<u>/</u> gning)	, hereby resigr	n as a Manager	Memb Title)	<u>e</u> r
of this limited liab resignation in wri		nd affirm the lim	ited liability c	ompany has been n	otified of	my
Will	Lacy			_		
Signature of Resignature	gning <b>Me</b> mber, N	Managing Memb	er or Manager			
					12	DIVIS
Filing Fee:	\$25.00 (Requi	•			Ē	103 103
Certified Copy:	\$30.00 (Optio	onal)			-	