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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL MAIL
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(Dx	ocument Number)	
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A. LUNT

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SECRETARY OF STATE

18 NOV -1 PM 3:5

COVER LETTER

Division of Corporations	
SUBJECT: AT&C GROUP, LLC (Name of Limited Liability Con	npany)
The enclosed member, managing member or manager resigniling.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
REYNA RODRIGUEZ	
(Contact Person)	
AT&C GROUP, LLC	- 7
(Firm/Company) 3350 SW 148 AVE, STE 110	E SECHET
(Address)	ARY SSEE
MIRAMAR, FL 33027	TILED OV -1 PM 3:5 HASSEE FLORID
(City/State and Zip Code)	RIDA
For further information concerning this matter, please call:	
REYNA RODRIGUEZ at (954	302-7840
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida E	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	ited liability company as it ap	opears on the records	of the Flo	rida Depa		t
of State is: AT&C	GROUP, LLC			<u> </u>	22	
2. This limited liability FLORIDA	company was organized und	der the laws of:			2018 NOV -1 PM	
3. The Florida docume	ent/registration number of this	s limited liability con	npany is:	PATE ORIDA	မှာ က က	O
4. I, JAIME COHE	ΞN	_, hereby resign as a	MANA	GING N	/EME	3ER
	of Person Resigning)	_,,	(Pr	int Title)		
of this limited liabilit resignation in writing	ty company and affirm the ling.	nited liability compar	ny has bee	n notified	of my	
	sej.					
Signature of Resigni	ng Member, Managing Mem	ber or Manager				
	\$25.00 (Required) \$30.00 (Optional)					