## L08000 108411

(Requestor's Name)		
(Ad	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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S. YOUNG

PH 6: 18

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: All Florida Co	Mitracting Services, LL
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Michael Cox (Contact Person)	
AFCS (Firm/Company)	<del></del>
3814 NW 126th An	<u>e</u>
Coval Springs, FL (City/Stard and Zip Code)	33065
For further information concerning this matt	er, please call:
(Name of Contact Person)	at (954) 775 - 7767 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



## 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	e limited liability company as it appears on the rec	ords of the Florida Department
of State is: <u>A</u>	11 Florida Contracting Se	rvices, LLC.
	cument/registration number assigned to this limited	
_L0800	00108411	
3. The date this no	ember/manager withdrew/resigned or will withdraw	w/resign is: 12/3//2027
	ame of Person Resigning), hereby withdra	
Man	QQEV (Print Title)	
	bility company and affirm the limited liability com	pany has been notified of my
Dow	Jul 1	
Signature of Di	ssociating Member or Resigning Manager	- · · - · · · · · · · · · · · · · · · ·
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	8. 9: ~·