# LOADOODOGSI

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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: AMERICA NO LINE LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

### PAUL TRIPALDI

(Contact Person)

AMERICA NO LINE LLC

(Firm/Company)

PO BOX 643896

(Address)

VERO BEACH FL 32964

(City/State and Zip Code)

For further information concerning this matter, please call:

## PAUL TRIPALDI

.,772 473-8278

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$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 (12/13)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as ERICA NO LINE LLC	s it appears on the record	s of the Florida Department
	•**		
2. The Florida docu L090000699	ment/registration number o	of this limited liability con	npany is:
3. The date this mer	nber withdrew or will with	draw is: FEB 25, 201	4
4. I, TINA TRIPA	LDI	, hereby resign as a	PRESIDENT
	ime of Person Resigning)	,, <u>S</u>	(Print Title)
resignation in wri	aldi		nny has been notified of my
	\$25.00 (Required) \$30.00 (Optional)	anager, Member	2014 MAR -S PH 1: 51