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RECRETARY OF STATE

AUG 1 8 2015 S. YOUNG

COVER LETTER

TO:	Registration Section			
	Division of Corporations			

SUBJECT:	_C+S_	AC	Services	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:

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		(Cont	act Person)		
<u>C+S</u>	A/C	S	۹۸۷) د	es	
		(Firm	/Company)		
b652	Oste	e^	Rd		
•		(A	ddr e ss)		<u> </u>
New	Port	R	: chey	, F.Z	34653
(City/State and Zip Code)					

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For further information concerning this matter, please call:

Mike Smith	at (727) 856 - 4822
(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 & 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 (2/14)



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	limited liability of	company as it appea	rs on the records o	of the Florida Departmen
of State is:	C+S AC	Services	LLC	
2. The Florida doc	ument/registration	n number assigned t	o this limited liabi	lity company is:
L0901	0007362	26		
3. The date this me	mber/manager w	ithdrew/resigned or	will withdraw/res	ign is: 8/31/15
_		, he		
Mana	Ges (Print Title)	······································		
of this limited lia resignation in wr		nd affirm the limited	l liability company	has been notified of my
3 x 5	}			MECHETA MECHET
Signature of Di	ssociating Memb	er or Resigning Ma	nager	FILED US 17 M HASSEE, PL
Filing Fee: Certified Copy:	•	,		AN IN 6
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