

LI00000017644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

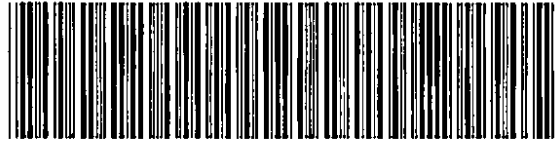
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 09 2019  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACCUTILITIES, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

2010 DEC 24 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to:

ISABELO RODRIGUEZ

\_\_\_\_\_  
(Contact Person)

ACCUTILITIES, LLC

\_\_\_\_\_  
(Firm/Company)

P.O. BOX 278605

\_\_\_\_\_  
(Address)

MIRAMAR, FL 33027

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ISABELO RODRIGUEZ                      954              439-4242  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2018 DEC 26 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 company as it appears on the records of the Florida Department of State is: ACCUTILITIES, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000017644

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/18/18

4. I, AIXA E. ROSADO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER MEMBER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)