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COVER LETTER

SUBJECT: At low Service Estate Scales, 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: PATILIA SON SON (Firm/Company) (Firm/Company) (Aftdress) Lake MAA Forda (City/State and Zip Code) For further information concerning this matter, please call: Mame of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	TO: Registration Section Division of Corporations			
Please return all correspondence concerning this matter to: Patricia You Solvasov	SUBJECT: At Your Service (Name of Limited Li	ESTATE S	pales,	<u>11</u> i
(Contact Person) (Firm/Company) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter. please call: (Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\frac{1}{2}\$\$ \$\frac{1}{2	The enclosed member, resignation or dissociation	and fee(s) are submit	ted for filing.	
(Firm/Company) (Firm/Company) (Altdress) (Altdress) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327	Please return all correspondence concerning this n	natter to:		
California Contact Person Contact	Patricia Lynn Johnson (Contact Person)		FALLAH FALLAH	29
For further information concerning this matter. please call: Particle				
Name of Contact Person at (863) 444 - 2662	Lakeland Florida (City/State and Zip Code)	!	RIDA	
(Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\sigma\$ \$55 Filing Fee \$\sums\$ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	For further information concerning this matter, ple	ease call:		
□ \$25 Filing Fee \$\$ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section	Name of Contact Person) at (863 944 Area Code & Daytime	- 266 Z Telephone Num	iber)
Registration Section Division of Corporations Clifton Building Registration Section Division of Corporations P.O. Box 6327				
	Registration Section Division of Corporations Clifton Building	Registratio Division of P.O. Box 6	n Section Corporations 327	

CR2E079 (2/14)

Tallahassee, Florida 32301



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

(Pursuant to 605.0216, Florida Statutes)

		1			
1. The name of the	limited liability company	as it annears o	on the records	of the Florida De	enartment
1. The hame of the	inniced nationary company	as it appears o	m the records	of the Florida De	,partificit
of State is:	You Service	Estate	Sales,	LLC	·
2. The Florida doci	iment/registration number	assigned to th	nis limited lial	bility company is:	
L100001	00837	· .			
3. The date this me	mber/manager withdrew/r	esigned or wi	II withdraw/re	esign is: <u>Feb. 1</u>	5, 2017
4.1. Joy fre (Print N	ame of Person Resigning)	, hereb	oy withdraw/r	esign as a	
Manager	Member (Print Title)				
of this limited lia resignation in wr	bility company and affirm iting.	the limited lia	ability compar	ny has been notifi	ed of my
Jos nocta				7.	
Signature of Di	ssociating Member or Res	igning Manag	<u> </u>	VLLAH VLLAH	7917
Filing Fee:	\$25.00 (Required)			ASSET ASSET	
	\$30.00 (Optional)	ı		I P 3 L	FILED
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