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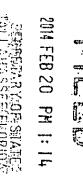
(Requestor	s Name)
(Address)	
(Address)	· · · · · · · · · · · · · · · · · · ·
(City/State/2	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	intity Name)
(Document	Number)
Certified Copies Co	ertificates of Status
Special Instructions to Filing Of	ficer:
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PEB 2 1 2014 D. BRUCE

COVER LETTER

Division of Corporations			
SUBJECT: Complete Affordable (Name of Limite)	e Property Services, LLC/C. ed Liability Company)	<u>. A. P. S</u>	ال، ک
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to:		
Michael Conner Turner (Contact Person)	·		
Complete Affordable Property Ser (Firm/Company)	vices, LLC/C.A.P.S, LLC		
1201 W 20th Street (Address)			
Sanford, FL 32771 (City/State and Zip Code)			
For further information concerning this matter	, please call:	2014 FB	, 1
Michael Turner	at (407) 416 - 6993 · 🕉	FEB 2	(bassa Assessi
(Name of Contact Person)	(Area Code & Daytime Telephone Number	<u>)</u>	U.
	on the state of th	品品	
Enclosed please find a check made payable to \$25 Filing Fee		=	
μ φ25 rimig ree	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

CR2E079 (12/13)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a		cords of the Florida Departme	ent _·
2. The Florida docu	ment/registration number	of this limited liability	company is:	
L110000 Z	.5873	·		
3. The date this me	mber withdrew or will wit	7		_
4. I, Michael (Print No.	Turner ame of Person Resigning)	, hereby resign	as a <u>President</u> (Print Title)	_
	bility company and affirm	the limited liability co	mpany has been notified of n	ny
Michael	Turrer			
Signature of Re	signing or Dissociating M	lanager, Member		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		D ter	\$182

CR2E079 (12/13)