L11000056086

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C. CARROTHERS

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TO:

CR2E079 (2/14)

Registration Section

Division of Corporations ONE STOP SERVICES MANAGEMENT, LLC SUBJECT: (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: JUDY SPURGEON (Contact Person) (Firm/Company) 2667 BECKETT RUN (Address) THE VILLAGES, FL 32162 (City/State and Zip Code) For further information concerning this matter, please call: JUDY SPURGEON (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: **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 Tallahassee, Florida 32301



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)

The name of the limited liability company as it apports of State is: ONE STOP SERVICES MANAGE!	•	
2. The Florida document/registration number assigne L11000056086	ed to this limited liability company is:	
3. The date this member/manager withdrew/resigned	or will withdraw/resign is:	
4. I, JUDY SPURGEON (Print Name of Person Resigning)	, hereby withdraw/resign as a	
MANAGER		
(Print Title) of this limited liability company and affirm the lim	ited liability company has been notified of my	
resignation in writing.	, , , , , , , , , , , , , , , , , , , ,	
Signature of Dissociating Member or Resigning	Manager	ردً م
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		eren eren ly fore eren