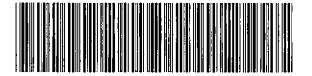
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(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	J. H	IORNE
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Office Use Only



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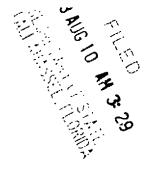
## COVER LETTER

**Division of Corporations** One Stop Cooling & Heating, 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: Robert Allgeo (Contact Person) (Firm/Company) 7825 Bates Road (Address) Orlando, FL 32807 (City/State and Zip Code) For further information concerning this matter, please call: at (\_\_\_\_\_\_) 436-3123 (Area Code & Daytime Telephone Number) Robert Allgeo (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee S55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

**Registration Section** 





## 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)

	limited liability company as it appears on the records of the Florida Departmentop Cooling & Heating, ELC
2. The Florida doct	ament/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
Robert Alloco	, hereby withdraw/resign as a aume of Person Resigning)
MGR	
<u></u>	Print Titles
of this limited lia resignation in wr	pility company and affirm the limited liability company has been notified of mitting.
- 4.022	ssociating Member or Resigning Manager
_	
	\$25.00 (Required)
Certified Copy:	