L12000011545

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DIVISION OF CORPORATIONS

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COVER LETTER

SUBJECT: AMARCE A RESTORATION AND CLARING, 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:

WILLIAM HAND CLARING PRINTS, LLC
(Firm/Company)

SB45 SEA GNASS (N
(Address)

WAPUS, FL ZHILL
(City/State and Zip Code)

STREET/COURIER ADDRESS:

For further information concerning this matter, please call:

Enclosed please find a check made payable to the Florida Department of State for:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

□ \$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

\$25 Filing Fee

TO:

Registration Section Division of Corporations



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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: ADVANCED RESTONATION AND CLEANING SECIALISTS, LL
2. The Florida document/registration number assigned to this limited liability company is:
L12000011545
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/1/2017
4. I, TIM McCubbin, hereby withdraw/resign as a (Print Name of Person Resigning)
MANAGER (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)