

L12000012051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

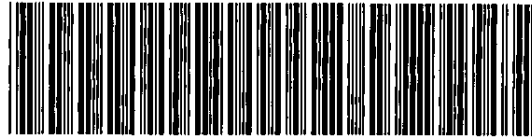
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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D. BRUCE
SEP 30 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.C.A Investments of South Florida, 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:

AXELL CORWARA
(Contact Person)

CARSO MANAGEMENT & Consulting
(Firm/Company)

15800 Pines Blvd STE 3037
(Address)

Pembroke Pines, FL 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

AXELL CORWARA at (305) 905-3437
(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:

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

MAILING ADDRESS:

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

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TALLAHASSEE, FL 32301

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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: A.C.A Investments of South Florida, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L12000012051

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/23/16

4. I, IBISET SALINAS, hereby withdraw/resign as

(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.

/s/ IbiSet Salinas
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2016 SEP 29 P 5:10
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA