

(Requestor's Name)				
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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G. MCLEOD

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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORID,



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS WANTS YOU TO KNOW...

Business Identity Theft is a broad term that encompasses a wide variety of crimes involving the unauthorized use of a business identity. Small and midsize companies are tempting targets for criminals. 60% of small businesses close within a year of being victims. In an effort to be more business friendly and to heighten security, the Department of State has instituted an e-mail notification process whereby business entities are sent e-mail notices when any changes are made to their records. This e-mail notice will be sent to the previous e-mail address of record. If the change was not authorized by a principal of the business entity, you will be able to notify the Department utilizing a link provided in the e-mail.

The 2012 Florida Statutes

817.155 Matters within jurisdiction of Department of State; false, fictitious, or fraudulent acts, statements, and representations prohibited; penalty; statute of limitations.—A person may not, in any matter within the jurisdiction of the Department of State, knowingly and willfully falsify or conceal a material fact, make any false, fictitious, or fraudulent statement or representation, or make or use any false document, knowing the same to contain any false, fictitious, or fraudulent statement or entry. A person who violates this section is guilty of a felony of the third degree, punishable as provided in s. <u>775.082</u>, s. <u>775.083</u>, or s. <u>775.084</u>.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ACOSTEZ, LLC (Name of Limited Liability Company)	_
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	d for
Please return all correspondence concerning this matter to:	
Brenda Acosta	
(Contact Person)	
(Firm/Company)	
PO BOX 4374	
(Address)	
Brandon, FL 33509	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Brenda Acosta813391-0842	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	-
Enclosed please find a check made payable to the Florida Department of State for: \$\Boxed{\Boxesia}\$\$ \$\\$55\$ Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: ACC	limited liability company as ostez, LLC	s it appears on the records	of the Florida Department
2. This limited liab Florida	ility company was organized	d under the laws of:	
L120000170		·	
4. I, Brenda Acc	osta	hereby resign as a	MGRM
4. I, Brenda Acosta (Print Name of Person Resigning)		,,,	(Print Title)
of this limited lial resignation in wr	bility company and affirm th	ne limited liability compar	ny has been notified of my
-	\$25.00 (Required) \$30.00 (Optional)		12 DEC -7 PH 3

CR2E079 (5/06)