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COVER LETTER

TO: Registration Section Division of Corporations
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SUBJECT: Flonida A/C SYSHMS 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:
Jonathan Lara (Contact Person)
(Contact Person)
Florida A/C SYSHEMS, LLC (Firm/Company)
7105 SW 8th St. SUTTE 407 (Address)
Miami, FL 33144 (City/State and Zip Code)
For further information concerning this matter, please call:
Tonathan LaRA at (305) 300-7230 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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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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)

^	mited liability company			ds of the Florid	da Depa	rtment	
of State is: Fle	rida Ae	345/6	کـب		······································	·•	
2. The Florida docum	nent/registration number	r assigned to	this limited l	iability compa	ny is:		
3. The date this mem	ber/manager withdrew/	resigned or v	vill withdraw	/resign is:/	1-07-	14	
4. I, TSWY/ (Print Nam	CNMAN ne of Person Resigning)	, her	eby withdraw	/resign as a			
JUNE (P)	rint Title)	_·					
resignation in writing				oany has been i	notified	of my	
Signature of Diss	ociating Member or Re	signing Man	ager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				"SECRETAI	15 JAN -	•