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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Alan Home Services L (Name of Limited Liability Company)	l C			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Alain W. Hijos Diaz (Contacterson)				
(Firm/Company)				
1801 Sw 42 Terrace				
Fort lauderdale, FL 33317 (City/State and Zip Code)	ZIII			
For further information concerning this matter, please call:	SP T			
(City/State and Zip Code) For further information concerning this matter, please call: Alan w Hypos Diaz at (954) (Name of Contact Person) (Area Code & 1)	857-101F D Daytime Telephone Number)			
Englosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy				
Registration Section Re	AILING ADDRESS: egistration Section			

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 l	imited liability company as	it appears on the records of	the Florida Department	
of State is: A	an Home Servi	es Llc	<u></u>	
2. The Florida docum	nent/registration number a	ssigned to this limited liabilit	ty company is:	
- F150	20807000	·		
		igned or will withdraw/resig	,	
4. I, Israel (Print Na	Sifonte Echemen me of Person Resigning)	hereby withdraw/resign	gn as a	
Seg	cretary Print Title)			
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.				
IS RAE/ Signature of Dis	S <i>Ifon te ECHE A</i> sociating Member or Resig	ning Manager	ZÜTÜ SEP	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		LED 12 P 2: 20 SEEF LORIDA	