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SECRETARY OF STATE



June 17, 2016

SANDRA MONCADA 450 S OLD DIXIE HWY #4 JUPITER, FL 33458

SUBJECT: AMERICAS MULTISERVICE, LLC.

Ref. Number: L12000074635

We have received your document for AMERICAS MULTISERVICE, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 916A00012746

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Americas Multiservices LLC (Name of Corporation) L 12000074635	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	filing
Please return all correspondence concerning this matter to the following:	
Sandra L. Monicada  (Name of Person)  America Multiservice UC  (Name of Firm/Company)	
(Name of Firm/Company)  450 S. Old DIXIE NW #4  (Address)  (City/State and Zip Code)	
For further information concerning this matter, please call:	
Sandra Mon (ado at (56) 743 10 23 (Area Code & Daytime Telephone Nun Enclosed is a check for \$35.00 made payable to the Florida Department of State.	nber)
Mailing Address:  Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Tallahassee, FL 32314  Tallahassee, FL 32301  Tallahassee, FL 32301	٠.
JUNTON F1 33458	



## 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 of State is:	limited liability	company as it app MUHISETUIC	ears on the	records of the F	lorida D	eparti	ment
2. The Florida docu	074635						
	mber/manager  T. DW2() ame of Person Res  (All Man (Print Title)	withdrew/resigned	or will with	hdraw/resign is: thdraw/resign as	07/0 a	5/21	<u>016</u>
of this limited lia resignation in wr		and affirm the limit	ed liability	y company has b	een notif	16	f my
Signature of Di	ssociating Men	nber or Resigning N	1anager		ARASSE ARASSE	8- JUL	
Filing Fee: Certified Copy:	\$25.00 (Rec \$30.00 (Opt				ÜE STATE	AM 7: L.	