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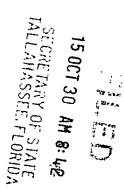
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Filing Officer:				
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TO: Regis	stration Section		
_	sion of Corporations		
SUBJECT:	AAA CENTURY APPLIA		
	(Name of	Limited Liability Com	pany)
The enclosed	d member, resignation or dis	sociation and fee(s)) are submitted for filing.
Please return	all correspondence concern	ing this matter to:	
WASHING.	TON DAMASIO		
	(Contact Person)		-
	(Firm/Company)		-
6672 NW	57TH STREET		·
	(Address)		-
TAMARAC	, FL 33319		
	(City/State and Zip Code)		-
For further in	nformation concerning this n	natter, please call:	
WASHING	TON DAMASIO	754 at (367-2345
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple	ease find a check made payab g Fee		epartment of State for: Fee & Certified Copy
STREET/C	OURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
	Corporations		Division of Corporations
Clifton Build			P.O. Box 6327
Zooi Execut	ive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

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)

	limited liability company	as it appears on the records of the Florida Department
2. The Florida doct	•	r assigned to this limited liability company is:
, MISSY JENE	KINS Tame of Person Resigning)	resigned or will withdraw/resign is: 12/34/2014 ARE 12/34/20
		the limited liability company has been notified of my
Signature of Di	ssociating Member or Res	signing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	