

L12000162177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

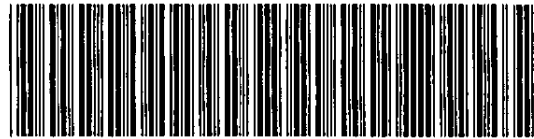
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400291071544

10/14/16--01035--003 \*\*50.00

16 OCT 14 AM 9:42

19:10  
10:23 AM  
DEPT OF COMMERCE

OCT 17 2016  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASD Surfaces, A Francois and Co. Company 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:

Nina Wasserman  
(Contact Person)

ASD Surfaces  
(Firm/Company)

531 US Hwy 1  
(Address)

North Palm Beach A 33408  
(City/State and Zip Code)

For further information concerning this matter, please call:

nina wasserman at (561) 348-0859  
(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



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 limited liability company as it appears on the records of the Florida Department of State is: ASD Surfaces, A Francois and Co. Company, LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L12000162177
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9-1-16
4. I, Francois + Company, LLC; hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

16 OCT 14 AM 9:42

RECEIVED  
DIVISION OF CORPORATIONS  
16 OCT 14 AM 9:42