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### **COVER LETTER**

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations	
SUBJECT: America Hers (Name of Limit	LLC red Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Mike Doddridge Tr. (Contact Person)	<u></u>
AMericutters LLC (Firm/Company)	<del></del>
P.O. Box 250484 (Address)	· · · · · · · · · · · · · · · · · · ·
Holly Hill, FL 3212 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Mhe Joddil de Jr. (Name of Contact Person)	at (386) 299 5898 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$25 \text{ Filing Fee} \square\$ \$55 \text{ Filing Fee & Certified Copy}	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



# FILED 14 APR 17 PH 3:53 SECRITARY OF STATE TALLAMASSEE, FLORIDA

#### 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
	onent/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 02/07/2013
	iame of Person Resigning), hereby withdraw/resign as a
	16R (Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Inc	- 01 O11/h
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)

\$30.00 (Optional)