L/30000 45289

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STAILS,
TALLAHASSEE, FLORID,
TALLAHASSEE, FLORID,

MAR 1 9 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Affordable Hospitality Services	s, LLC	
(Name of Limite	d Liability Cor	mpany)
The enclosed member, resignation or dissociation	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:	
Suzette Welling		
(Contact Person)		-
Afffordable Hospitality Services, LLC		
(Firm/Company)		-
2641 Verandah Vue Drive		
(Address)		_
Lakeland, FL 33812		
(City/State and Zip Code)		_
For further information concerning this matter,	please call:	
Suzette Welling	863	430-1260
(Name of Contact Person)		e & 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:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAR 16 PM 2: 48

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 dable Hospitality Services, LLC
2. The Florida docu L1300004528	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Leo Welling	, hereby withdraw/resign as a ame of Person Resigning)
MGRM	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)