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COVER LETTER

TO: Registration Section Division of Corporations	
	ENT GROUP AND SERVICES OF OR
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
ELIZE VERTY	
(Contact Person)	
EQUITABLE MANAGEMENT GROUP AND) SERVICE
(Firm√Company)	
215 EAST MAIN	
(Address)	
APOPKA, FL 32703	
(City/State and Zip Code)	
For further information concerning this matter, p	olease call:
ELIZE VERTY	321 961-2299
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$25 Filing Fee	e Florida Department of State for: \$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

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FRC FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

FC		s it appears on the records of the Florida Depa. GROUP AND SERVICES OF ORLANDC
2. The Florida do L130000627	· ·	assigned to this limited liability company is:
3. The date this n	nember/manager withdrew/re	signed or will withdraw/resign is:
LUC VEDT	~	, hereby withdraw/resign as a
PRESIDEN'		
		he limited liability company has been notified o
resignation in v	vriting	
Signature of	issocialing Member or Resi	gning Manager
Filing Fee:	\$25(00 (Required)	
Certified Conv	\$30.00 (Ontional)	