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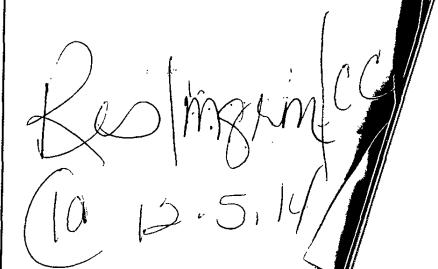
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



900266514649

11/24/14--01011--012 **55.00



COVER LETTER

TO: Registration Section
Division of Corporations

CR2E079 (2/14)

| SUBJECT: A - Rite way of All Counties CLC (Name of Limited Liability Company) | | |
|---|--|--|
| (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: | | |
| Roy A. Alterman | | |
| (Contact Person) | | |
| LAW Office of Ray A. Alterman P.A. (Firm/Company) | | |
| (Firm/Company) | | |
| 2115 Palm Bray Rd NE | | |
| (Address) | | |
| Pulm Boy EL 32905 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| (Name of Contact Person) at (32/) 726-0009 (Area Code & Daytime Telephone Number) | | |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the Blorida Department of State for: \$\sumset\$ \$\\$25\$ Filing Fee & Certified Copy | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations | | |
| Clifton Building P.O. Box 6327 | | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 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)

| 1. The name of the | limited liability company as it appears on the records of the Florida Department |
|----------------------|--|
| of State is: | A-Riteway of All Counties LLC |
| | |
| 2. The Florida docu | ment/registration number assigned to this limited liability company is: |
| 4130 | 00/00901 |
| 3. The date this men | mber/manager withdrew/resigned or will withdraw/resign is: 11 14 14 |
| 4. L. Anthony | Wienstien , hereby withdraw/resign as a |
| (Print No | ame of Person Resigning) |
| haam | the manufacture of the state of |
| 1101011 | member and manager, (Print Title) |
| ľ | - ran 1 may |
| | pility company and affirm the limited liability company has been notified of my |
| resignation in wri | ting. |
| | |
| X / ** | |
| Signature of Di | ssociating Member or Resigning Manager |
| orgination of B. | and a series of transferred transferred |
| | |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |
| | perm Ala. |
| | REC'D NOV 17 |