## 140000 26996

(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:				

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R. MH.TE.
JUN 2 4 2020

## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJ	JECT: MY AC SOLUTION LLC		
	(Name of	Limited Liability C	Company)
The e	nclosed member, resignation or dis-	sociation and fee	e(s) are submitted for filing.
Please	e return all correspondence concern	ing this matter to	0;
Oscar	Sauceda		
	(Contact Person)		<del>_</del>
My A	© Solution		
	(Firm/Company)		
1335 F	Bennett Dr Unit 149		
	(Address)		_
Longw	vood, FL 32750		
	(City/State and Zip Code)		<del></del>
For fu	urther information concerning this n	natter, please cal	II: .
Oscar	Sauceda	407 at (	767-8007
	(Name of Contact Person)		de & Daytime Telephone Number)
Enclo	sed please find a check made payab	ole to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
	•		Tallahassee, FL 32303



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## 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	e limited liability company as it appears o	n the records of the Florida Department
of State is: My A	AC Solution LLC	·
2. The Florida doc L14000026996	ument/registration number assigned to th	is limited liability company is:
3. The date this me	ember/manager withdrew/resigned or wil	withdraw/resign is:
4. I,	ceda, hereb	y withdraw/resign as a
(Print N	Name of Person Resigning)	
AP		
	(Print Title)	
of this limited lia resignation in wr	ability company and affirm the limited lia riting.	bility company has been notified of my
Varen	Kish Sauch	
Signature of D	issociating Member or Resigning Manage	er
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	