## 214000045099

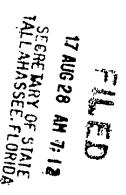
(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
0.5/10.1	All In One Network Marketi	ng and Consu	Iting LLc
SUBJ	JECT: (Name of Lit	mited Liability Cor	npany)
The c	enclosed member, resignation or dissoc	ciation and fee(s	s) are submitted for filing.
Pleas	e return all correspondence concerning	g this matter to:	
Pam	ela Cappucio Crocker		
	(Contact Person)		
All In	One Network Marketing And Con	sulting LLC	
	(Firm/Company)		_
1001	Seaferer Circle Unit 506		
	(Address)		<del></del>
Jupit	ter FI 33477		
	(City/State and Zip Code)	<u> </u>	_
For fi	urther information concerning this ma	tter, please call:	
Pam	nela Cappucio Crocker	561	972-5210
	(Name of Contact Person)		& Daytime Telephone Number)
Enclo	osed please find a check made payable		•
□ \$2	25 Filing Fee	🔳 \$55 Filin	g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section Division of Corporations
	sion of Corporations on Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Talla	hassee, Florida 32301		·

CR2E079 (2/14)



## 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)

of State is: All I	n One Network Marketing a	and Consulting LLC	·
2. The Florida docu L1400004509		igned to this limited liability company	y is:
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:	17, 2017
4. I, Michelle P. C	Samer	, hereby withdraw/resign as a	
	Registered Agent		
<del></del>	(Print Title)		
of this limited lia resignation in wr		limited liability company has been no	otified of my
Michel	u P. Dan		
Signature of Di	issociating Member or Resigni	ng Manager	<b>∑</b> s
-	\$25.00 (Required) \$30.00 (Optional)		17 AUG 28 EERE TAR) LLAHASSI
commod copy.	solve (Optional)		RY SSEI
			OR STA

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