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(Red	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	//State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bus	siness Entity Name)	
(Dox	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

7.

Office Use Only



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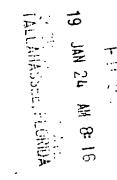
JAN 31 2019 S. YOUNG

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	A&S Photo Studio LLC		
	(Name of Limit	ted Liability Cor	mpany)
The enclosed	I member, resignation or dissocia	ition and fee(s	s) are submitted for filing.
Please return	all correspondence concerning t	his matter to:	
Antonio Riv	vera, JR		
	(Contact Person)	<u> </u>	_
A&S Photo	Studio LLC		
	(Firm/Company)		_
66 Louisvill	e Drive		
	(Address)		_
Palm Coas	t, FL 32137		
	(City/State and Zip Code)		_
For further in	nformation concerning this matter	r, please call:	
Antonio Riv	vera, Jr	386	689-8787
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations		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 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 S Photo Studio LLC
2. The Florida doc	ment/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, Sarah Rivera	, hereby withdraw/resign as a me of Person Resigning)
VP	
	Print Title)
of this limited lia resignation in wr	sility company and affirm the limited liability company has been notified of my ting.
hil	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)