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

Registration Section
Division of Corporations

TO:

SUBJECT: A+M Granite					
(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:					
Antonio Radrigues (Contact Person)					
Aim Grante LLC (Firm/Company)					
Le 75 Pasatienno Pt. Apt. 213					
Lake Mary, FL 32746 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Antonio Rodriguos at (407) 461.1864 (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for:  □ \$25 Filing Fee					
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section					

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Division of Corporations Clifton Building

2661 Executive Center Circle

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)

	mited liability company as it ap		orida Department
2. The Florida docum	nent/registration number assign	ed to this limited liability com	pany is:
47-1750	27 <i>3</i> 3	_•	201 75E
3. The date this mem	ber/manager withdrew/resigne	d or will withdraw/resign is:	1 2018 7
4.1, Misty H	ACKSTE ne of Person Resigning)	_, hereby withdraw/resign as a	27 PM SEEE, FL
MGR	rint Title)		ANDER OF THE PROPERTY OF THE P
of this limited liabil resignation in writi	lity company and affirm the lin	nited liability company has bee	en notified of my
Muly D. Signature of Diss	Sociating Member or Resigning	g Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		