## L14000197132

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE ALLI AHASSEE, FLORIDA

JUN 21 2019 TECKNOEDER

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

SUBJECT: An American Quitz Company, LLC (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:	
Geil S. Bila, Esq. (Contact Person)	
Ceil S. B.lu, PA (Firm/Company)	
2760 WATlastic Blod (Address)	
Panparo Beek FL 33060 (City/State Ind Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (Area Code & Daytime Telephone Number	_ r)
Enclosed please find a check made payable to the Florida Department of State for:  □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	



## 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)

	nent/registration number assign	, ,			<u> </u>
		ed to this limited liability co	ompany is	:	
L14000	197132				
3. The date this men	aber/manager withdrew/resigned	d or will withdraw/resign is:	12/1	5/1	9
	Pier Occini ne of Person Resigning)				
MBR	rint Title)				
	lity company and affirm the lim	nited liability company has b	oeen notifi	ed of	my
3			TALI 38	75	
Signature of Diss	ociating Member or Resigning	Manager	CREAR	JUN -3	T
Filing Fee: Certified Copy:			8673 1J38	3 AH 8:	LED