(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
<u></u>	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

Division of Corporations
SUBJECT: AMERICAN HOMEOWNER AWARENESS, LL (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:
Josue Salomon (Contact Person)
AMERICAN HOMEOWNER AWARENESS, LLC (Firm/Company)
341 N.W. 134th WAY (Address)
Plantation, R. 33325 (City/State and Zip Code)
For further information concerning this matter, please call:
Tosue Salomon at (954) 756-4718 (Name of Contact Person) (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: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section



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	limited liability company as it appears on the records of the Florida Department	
of State is: An	MERICAN HOMEOWNER AWARENESS, LLC.	
L15000		 [
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 7/27/2045	; ;
4. I, <u>BERN</u> (Print N	ARCI EN , hereby withdraw/resign as a man of Person Resigning)	***
MANA	GE R Print Title)	
of this limited lial resignation in wri	oility company and affirm the limited liability company has been notified of my ting.	
Ber	nard yen	
Signature of Di	ssociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	