## L15000070123

(Re	equestor's Name)		
(Ad	dress)		
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(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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## COVER LETTER

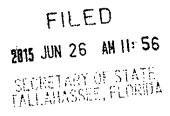
Registration Section

TO:

Division of Corporations		
SUBJECT: AFA PIONEERS, LLC		
	ted Liability Co.	mpany)
The enclosed member, resignation or dissocia	tion and fee(	s) are submitted for filing.
Please return all correspondence concerning to	his matter to:	
FAROUK ABDO		
(Contact Person)		_
AFA PIONEERS, LLC		
(Firm/Company)		_
18675 US HWY 19 N LOT 273		_
(Address)		_
CLEARWATER, FL 33764		
(City/State and Zip Code)		<del>-</del>
For further information concerning this matte	r, please call	:
FAROUK ABDO	516 at (	653-8266
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable to		
■ \$25 Filing Fee	□ \$55 Filin	g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, 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)

<ol> <li>The name of the</li> </ol>	limited liability company as	it appears on the records of the Florida Department
of State is: AFA	PIONEERS, LLC	
2. The Florida doc L1500007012	_	signed to this limited liability company is:
3. The date this me		igned or will withdraw/resign is:
(Print N	ame of Person Resigning)	
MGR		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of D	ssociating Member or Resign	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	Check TD Bank Ny 0125