

# LIS 000070123

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2015 JUN 26 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

M. O'Leary JUN 29 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AFA PIONEERS, LLC  
(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:

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)

For further information concerning this matter, please call:

FAROUK ABDO

(Name of Contact Person)

516

at ( )

653-8266

(Area Code & Daytime Telephone Number)

✓ 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  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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2015 JUN 26 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: AFA PIONEERS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000070123

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/25/2015

4. I, AFIF ABDO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

check TD Bank No 0125  
026013673-428034452