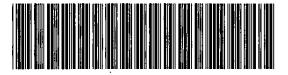
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	
Special Instructions to	Filing Officer:	

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TALLAHASSEE, FLORIDA

16 JUL 12 PH 2: 01

JUL 12 2016 S. YOUNG

COVER LETTER

		000UD 110		
SUBJECT:	MAC MANAGEMENT	GROUP, LLC		
	(Name o	f Limited Liability Con	npany)	
The enclosed	member, resignation or dis	ssociation and fee(s) are submitted for filing.	
Please return	all correspondence concern	ning this matter to:		
NOEL E.	ESCOBAR SR- ACCOL	JNTANT		16
	(Contact Person)	. *************************************	-	16 JUL 12
			_	12 1
	(Firm/Company)			<u> </u>
	4420 SW 77TH AVENU	E		PH 2: 01
	(Address)		•	
	DAVIE, FLORIDA 3332	8		
	(City/State and Zip Code)		•	
For further in	formation concerning this	matter, please call:		
NOEL	E. ESCOBAR SR	954 at (474-5425	
(Na	nme of Contact Person)		& Daytime Telephone Number)	
Enclosed plea ■ \$25 Filing	ase find a check made paya Fee		cpartment of State for: Fee & Certified Copy	•

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations 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)

	The state of the s
1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	AC MANAGEMENT GROUP, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is:
PACELIA	
(Print N	hereby withdraw/resign as a lame of Person Resigning)
M	ANAGER
 	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
1	
Signature of B	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)