

L1500019700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

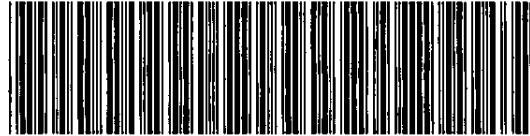
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100285787471

05/16/16--01029--027 **55.00

FILED

16 MAY 16 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acevedo Business Services 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:

Juan Acevedo
(Contact Person)

Acevedo Business Services LLC / ~~Acevedo~~
(Firm/Company)

9954 Cypress Vine Dr
(Address)

Orlando FL 32827
(City/State and Zip Code)

For further information concerning this matter, please call:

Juan Acevedo at (407) 455-1299
(Name of Contact Person) (Area Code & Laytime 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

FILED
16 MAY 16 AM 11:24
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: Acevedo Business Services LLC.

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

L15006159700.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/13/15

4. I, Sandra M Hoyos, 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.

Sandra M Hoyos
Signature of Dissociating Member or Resigning Manager

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

FILED
16 MAY 16 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA