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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	AMG Accounting Solutions, LLC (DBA Toro CPA & Associates)		
	(Name of I	Limited Liability Com	ipany)
The enclosed	d member, resignation or diss	ociation and fee(s)	are submitted for filing.
Please return	all correspondence concerni	ng this matter to:	
Margarita J	limenez		
	(Contact Person)		•
AMG Acco	unting Solutions, LLC		
	(Firm/Company)		
250 Interna	itional Parkway, Suite 212		
	(Address)		•
Lake Mary,	FL 32746		
	(City/State and Zip Code)	-	
For further in	nformation concerning this m	atter, please call:	
Margarita J	imenez	407	915-4577
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple ■ \$25 Filing	ase find a check made payabl g Fee		epartment of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of C			Registration Section
Clifton Build	•		Division of Corporations P.O. Box 6327
	ive Center Circle		Tallahassee, Florida 32314
	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)

1. The name of the	limited liability company as it appears	on the records of the Florida Department
of State is: AMC	Accounting Solutions, LLC	, -1
or state is		9
2. The Florida docu	iment/registration number assigned to t	his limited liability company is:
L1600000220	5	
3. The date this me	mber/manager withdrew/resigned or wi	II withdraw/resign is:
4. I. Cesar A. To	ro here	ov withdraw/recion as a
(Print N	ame of Person Resigning)	y withdrawresign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr		ability company has been notified of my
	u a fors	
Signature of Di	ssociating Member or Resigning Mana	ger
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	