## L160000:51692

| (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: |  |  |  |
|   |  |  |  |
|   |  |  |  |
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|   |  |  |  |

Office Use Only



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dissociation or member

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A RAMSEY SEP 29 2022

## **COVER LETTER**

| TO:     | Registration Section Division of Corporations  |                      |  |
|---------|--|----------------------|--|
| SUBJ    | AAA FISHER, LLC  |                      |  |
|         | (Name of   | Limited Liability Co | ompany)  |
| The er  | nclosed member, resignation or diss  | sociation and fee    | e(s) are submitted for filing.   |
| Please  | return all correspondence concern  | ing this matter to   | <b>Y</b> :   |
| Carol l | Dominguez  |                      |  |
|         | (Contact Person)   |                      | <del></del>  |
| ND CO   | ONSULTING GROUP LLC  |                      |  |
| _       | (Firm/Company)   |                      | <u> </u>   |
| 10540   | NW 26th St Suite G-302   |                      |  |
|         | (Address)  |                      | <del>_</del>   |
| Miami   | i. FL. 33172   |                      |  |
|         | (City/State and Zip Code)  | - "                  | <del></del>  |
| For fu  | orther information concerning this n   | natter, please cal   | I:   |
| Carol   | Dominguez  | 574<br>at (          | 386 9111   |
| _       | (Name of Contact Person)   | (Area Coo            | de & Daytime Telephone Number)   |
|         | sed please find a check made payab<br>5 Filing Fee   |                      | Department of State for:<br>ng Fee & Certified Copy  |
|         | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

Florida Department of State

Section Division of Corporations.

Att. Anette Ramsey.

Following your instructions, I send you the documents, again; I give you a brief description of the situation.

This is the third time that I have to send documents, on many occasions I have communicated with you and on my last one (9/23/2022) they told me that they had not received the payment of the fees, for the second time I bought a Money Order #27007175788 and I sent it on Jul 10, 2022, Track# 70210950 0000 5199 5544, for reasons that we know I must wait three more months, for them to proceed, yesterday they communicated to me by phone that they do not know if the Money Order is charged, I must go to verify a process that is not in my hands, but it will be like this, I will attach the answer or a new payment, we will see what they tell me in USPS.

My concern is that they will put me on a waiting list for months, I hope this document reaches you and you let me know if you need anything else from me to close this case.

Thank you in advance for your support

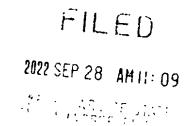
Sincerely

-1

954-702-4698

Josearmando16@hotmail.com





## 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)

|  | limited liability company as it appears on the records of the Florida Department FISHER, LLC |
|--|--|
| 2. The Florida doct                      | ament/registration number assigned to this limited liability company is:                     |
| 3. The date this me                      | ember/manager withdrew/resigned or will withdraw/resign is:                                  |
| JOSE ARMANI                              | 00 ALICANDU hereby withdraw/region as a  |
| 4. 1                                     | , hereby withdraw/resign as a, ame of Person Resigning)                                      |
| MGR                                      |  |
|  | (Prim Title)   |
| of this limited lia<br>resignation in wr | bility company and affirm the limited liability company has been notified of my iting.       |
| JO                                       | ISE A ALICANDU   |
| Signature of Di                          | issociating Member or Resigning Manager  |
| Filing Fee:                              | \$25,00 (Required)   |
| Certified Copy:                          | \$25,00 (Required)<br>\$30,00 (Optional)   |