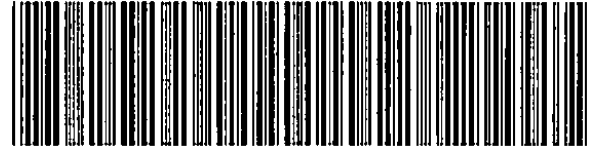


L16 0000 55815



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10/11/19--01010--020 *\$25.00

(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

SECRETARY OF STATE
19 OCT 11 PM 5:42

Disc of member

OCT 30 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAG Florida Homes, 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:

Gregory Kharanov
(Contact Person)

AAG Florida Homes, LLC
(Firm/Company)

3433 Lithia Pinecrest Road Ste#227
(Address)

Valrico FL 33596
(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua Talmadge at 813 362-6153
(Name of Contact Person) (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

19 OCT 11 PM 5:15
REGISTRATION SECTION
DIVISION OF CORPORATIONS



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: AAG Florida Homes, LLC

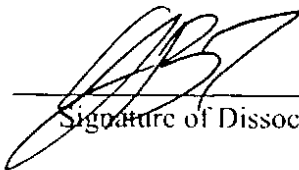
2. The Florida document/registration number assigned to this limited liability company is: L16000055815

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/6/2019

4. I, Joshua Talmadge, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(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

19 OCT 11 09 51:03
DIVISION OF STATE
CORPORATIONS

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