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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

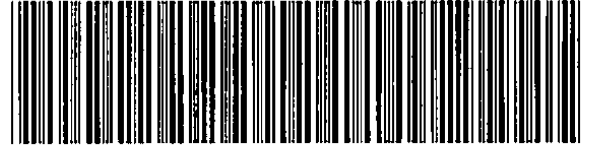
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Arisotocrete Coating Experts 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:

James Carolin

(Contact Person)

Arisotocrete Coating Experts LLC

(Firm/Company)

38 Glen Falls Drive

(Address)

Ormond Beach FL 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

James Carolin

(Name of Contact Person)

386

at ( )

882-3660

(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



2019 APR 26 PM 11:57

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: ARISTOCRETE COATING EXPERTS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000064340

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/1/2019

4. I, Matthew Carolin, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member/Manager

*(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

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

Due to Multiple  
Sclerosis became  
completely unable  
to work March  
2019.  
Resigned as 4/1/19.