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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	ion of Corporations			
SUBJECT:	AMM ENTERPRISES, LLC			
	(Name of Limited Liability Company)			
The enclosed	l member, resignation or dissoc	iation and fee(s	are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
EDWARD F	ROGERS			
	(Contact Person)		-	
ATTORNE	Y AT LAW			
	(Firm/Company)		-	
1401 N.W.	17TH AVE			
	(Address)		•	
MIAMI-DAD	DE FLOIRDA 33125			
	(City/State and Zip Code)	<u> </u>	-	
For further in	formation concerning this matt	er, please call:		
JEAN FRAI	NCILLON	786 _ at (356-0609	
(N	ame of Contact Person)		& Daytime Telephone Number)	
Enclosed ple ☐ \$25 Filing	ase find a check made payable i Fee	o-the Florida D \$555 Filing	epartment of State for: Fee & Certified Copy	
STREET/CO	OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section	
Division of C	Corporations		Division of Corporations	
	ing ve Center Circle Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314	





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)

	e limited liability company as it appears on the records of the Florida Department M ENTERPRISES, LLC
	cument/registration number assigned to this limited liability company is:
JEAN FRAN	ember/manager withdrew/resigned or will withdraw/resign is: ICILLON
MANAGER of this limited li	(Print Title) ability company and affirm the limited liability company has been notified of my
resignation in w	riting. Time State of the stat
	\$25.00 (Required) \$30.00 (Optional)