1/6000115526

(Requ	estor's Name)	
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COVER LETTER

TO: Registration Section		
Division of Corporations		
ACCOUNTING SERVICE PR	ROVIDER,	LLC
SUBJECT: (Name of Limi		
	_	
The enclosed member, resignation or dissocia	mon and ree	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to	o:
JAIME A NARANJO		
(Contact Person)		_
ACCOUNTING SERVICE PROVIDER, L	LC	
(Firm/Company)	<u> </u>	
761 W OAKLAND PARK BLVD		
(Address)	· · · · · · · · · · · · · · · · · · ·	
OAKLAND PARK, FL, 33311		
(City/State and Zip Code)		
For further information concerning this matte	r, please cal	I:
JAIME A NARANJO	754 at (707 2063
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to \$\infty\$ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
-		
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)







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
2. The Florida docu L16000115526	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
MAF	RIA C VILLEGAS
(Print N	, hereby withdraw/resign as a man of Person Resigning)
MANAGER	
	(Print Title)
of this limited lial resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
1) danour	+ Villegos.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)