

L16 000198900

(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



300300321373

06/19/17--01008--014 \*\*25.00

2017 JUN 19 P 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D BRUCE  
JUN 20 2017



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: FLORIDA

2. The Florida document/registration number assigned to this limited liability company is:  
L16000198906

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/08/2017

4. I, CESAR J LEMUS, 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

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

**FILED**  
2017 JUN 19 P 1:28  
CLERK OF STATE  
TALLAHASSEE, FLORIDA