

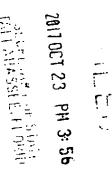
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Special Instructions to Filing Officer:				

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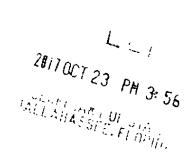
K. SALY OCT 24 2017

COVER LETTER

TO: Regi	stration Section		
Divi	sion of Corporations		
SUBJECT:	1950 Fletcher Street, LL	.C.	
		f Limited Liability Co	empany)
The enclose	d member, resignation or dis	ssociation and fee((s) are submitted for filing.
Please return	n all correspondence concern	ning this matter to:	:
Teri Rios			
-	(Contact Person)		_
	(Firm/Company)		
PO BOX 5	65366		
	(Address)		_
MIAMI, FL	33256		
	(City/State and Zip Code)	.	_
For further i	nformation concerning this	matter, please call:	:
TERI RIOS	8	305	343-5703
()	Name of Contact Person)		c & Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made paya g Fee		Department of State for: g Fee & Certified Copy
STREET/C	OURIER ADDRESS:		MAILING ADDRESS:
Registration	Section Corporations		Registration Section
Clifton Buil	-		Division of Corporations P.O. Box 6327
	tive Center Circle		Tallahassee, Florida 32314
Tallahassee,	Florida 32301		•

CR2E079 (2/14)





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)

	limited liability company as 0 FLETCHER STREET, LL	it appears on the records of the Florida Department.C.
2. The Florida doc L1600022480	-	signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:
ופטען כטעור	ACR CROUP INC	, hereby withdraw/resign as a
MEMBER		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Self-		
Signature of D	issociating Member or Resign	ning Manager
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	