Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003402943)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

2

age:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ACCOUNT BOOKKEEPING CORP Account Name

Account Number : I20120000055 Phone

: (407)898-1757

Fax Number

: (407)897-5336

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLEURY ASSOCIATES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



Electronic Filing Menu

Corporate Filing Menu

Help

age:



## 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)

The name of the limited liability company as it a     FLEURY ASSOCIATES LLC     of State is:	appears on the records of the Florida Department
2. The Florida document/registration number assig L17000069667	ned to this limited liability company is
3. The date this member/manager withdrew/resign 4. I, NEIDE FLEURY MORAES  (Print Name of Person Resigning)  MANAGER	ed or will withdraw/resign is: 11/30/2018 25
of this limited liability company and affirm the livesignation in writing.  Signature of Dissociating Member of Resigning	

CR2E079 (2/14)

438000 3402943