## 47000122741

(Re	equestor's Name)			
(110	questor s (varile)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Du	Silless Ellity Nail	iej		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Canadal Instructions to	Eiling Officer:			
Special Instructions to Filing Officer:				

Office Use Only



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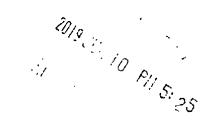
JUL 18 2019 I ALBRITTON

## **COVER LETTER**

_	istration Section sion of Corporations			
SUBJECT:	ARCOM LLC			
	(Name of Limited Liability Company)			
The encloses	d member, resignation or disso	ociation and fee(	s) are submitted for filing.	
Please return	n all correspondence concernin	ng this matter to	:	
LUIS DIAZ				
	(Contact Person)		_	
ARCOM LI	LC			
-	(Firm Company)	<u>.</u>	<u></u>	
7716 LOW	E GATEWAY LOOP APT 1	25		
	(Address)		_	
ORLANDO	), FL 32827			
	(City State and Zip Code)		_	
For further i	information concerning this ma	itter, please call	:	
LUIS DIAZ		787		
(1)	Name of Contact Person)		e & Daytime Telephone Number)	
Enclosed plans 525 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy	
Registration Division of Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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)

1. The name of the of State is:		it appears on the records of the Florida Department
2. The Florida docu L1700012274	~	signed to this limited liability company is:
4. I, LUIS DIAZ L	EBRON	gned or will withdraw/resign is: APRIL 4, 2019, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
of this limited liab resignation in wr		· limited liability company has been notified of my
-	ssociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ing Manager