L17000130328

(Re	questor's Name)								
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TO: **Registration Section Division of Corporations**

SUBJECT: <u>A BETTER COPY TOO LLC</u> (Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

AVID MYERS (Contact Person)

(Firm/Company)

102 E. NEW HAVEN AVE

MELBOURNE, FL 32901

For further information concerning this matter, please call:

DAVID MYERS at (321) 723-9925 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: 🖾 S55 Filing Fee & Certified Copy □ \$25 Filing Fee

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303

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 limited liability company as it appears on the records of the Florida Department

of State is:	A	BETTER	COPY	05	LLC		

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

L17000130328

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2 APRIL 20

4.1, DAUTD MYERS, hereby withdraw/resign as a (Print Name of Person Resigning)

MANAGER MEMBER. (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

David Hypers Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)