117000136089

(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:

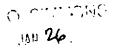
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SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Action Process & Investig	ations, LLC	
	Limited Liability C	ompany)
The enclosed member, resignation or diss	ociation and fee	(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to) :
Daniel Jackson		
(Contact Person)		_
Action Process & Investigations, LLC		
(Firm/Company)	<u> </u>	_
3604 36th Way		
(Address)	_	_
West Palm Beach, Fl 33407		
(City/State and Zip Code)		_
For further information concerning this m	atter, please call	l:
Daniel Jackson	561	667-2037
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payabl ■ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		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)

		ORID ORID	
1. The name of the	limited liability company	as it appears on the records of the Florida Department	
of State is:	on Process & Investigat	ions, LLC	
2. The Florida doc	ument/registration number	r assigned to this limited liability company is:	
L1700013608	9	resigned or will withdraw/resign is:	
3. The date this me	ember/manager withdrew/	resigned or will withdraw/resign is:	
4. I, Holly Slater		, hereby withdraw/resign as a	
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a	
Manager			
	(Print Title)	•	
of this limited lia resignation in wr		the limited liability company has been notified of my	
-2/M	N/		
Signature of D	issociating Member or Re	signing Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		