117000/166238

(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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08/08/18--01018--021 **25.00

18 AUG -8 PM 3: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

O SHARONS

COVER LETTER

_	ntion Section n of Corporations				
SUBJECT: E.	EAGLE SERVICES OF CENTRAL FLORIDA LLC				
	(Name of Limited Liability Company)				
The enclosed m	nember, resignation or dissocia	ation and fee(s	s) are submitted for filing.		
Please return al	l correspondence concerning	this matter to:			
GABRIELA S	NELL				
	(Contact Person)		_		
A&G Accounting and Business Services LLC					
	(Firm/Company)		_		
5401 S. Kirkm	nan St., Ste. 310				
	(Address)		_		
Orlando, FL 3	32819				
	(City/State and Zip Code)		_		
For further information concerning this matter, please call:					
GABRIELA S	NEL	407 at (395-9019		
(Nam	ne of Contact Person)		& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsir \\$25 \text{ Filing Fee} \Bigsir \\$55 \text{ Filing Fee & Certified Copy}					
STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, Flo	rporations g e Center Circle		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 LIM		
(Pursuant to 605.021	6, Florida Statutes)	8
		AUG AIIA
		7.5% 7.5% 7.5%
The name of the limited liability company as it	appears on the records of	of the Florida Departmen
of State is:		26 4 0
of State is.		<u> </u>
The Florida document/registration number assi	gned to this limited liab	ility company is:
L17000166238		
	<u> </u>	
The date this member/manager withdrew/resign	ned or will withdraw/res	7/16/18 sign is:
CARLOS L ABSALON		
I, (Print Name of Person Resigning)	, hereby withdraw/re	sign as a
• • •		
MANAGER		
(Print Title)		
of this limited liability company and affirm the	limited liability compan	v has been notified of my
resignation in writing.		,
Could then the	RO	
Signature of Dissociating Member or Resigni	ng Manager	

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