

L17000180589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

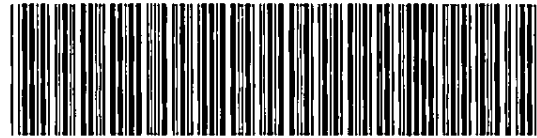
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/11/19--01014- 024 **25.00

R. WHITE
APR 18 2019

FILED
2019 APR 11 PM 12:27
R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aaron's Low Cost Cremation & Funeral LLC

(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:

Sean Waldron

(Contact Person)

Aaron's Low Cost Cremation & Funeral LLC

(Firm/Company)

2201 Wilton Drive #10

(Address)

Wilton Manors FL 33305

(City/State and Zip Code)

For further information concerning this matter, please call:

Sean Waldron

833 227-6671
at (_____) _____

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing 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



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2019 APR 11 PM 12:27
STATE

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: Aaron's Low Cost Cremation & Funeral LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000180589

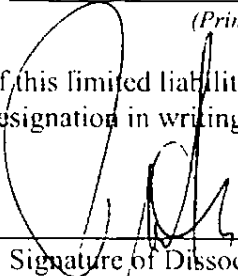
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/04/2019

4. I, Plutarco Valles, hereby withdraw/resign as a
(Print Name of Person Resigning)

LLC Member

(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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



Aaron's
Low Cost Cremation and Funeral, L.L.C.

April 4, 2019

Aaron's Low Cost Cremation & Funeral LLC
2201 Wilton Drive #10
Wilton Manors, FL 33305
833-227-6671

To whom it may concern,

This is to notify AARON'S LOW COST CREMATION & FUNERAL LLC, a limited liability company on record with the Florida Department of State with document number L17000180589; effect immediately I withdraw/resign my position of LLC MEMBER.

Signature of Dissociating Member, Plutarco Valles

Date: 04/04/2019

Signature of Accepting Member, Sean Waldron

Date: 4/4/2019