

L17000 261160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

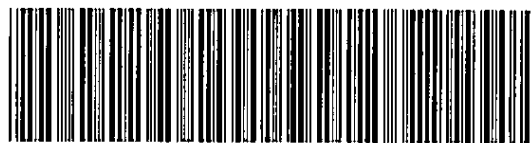
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/17/19--01020 001 **25.00

S TALLENT

JUL 01 2019

FILED
2019 JUN 17 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FL

Dis/Resign
member

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & M Welding 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:

Natalie Chin
(Contact Person)

Link Welds
(Firm/Company)

6421 N 49th Street
(Address)

Tampa, FL 33610
(City/State and Zip Code)

For further information concerning this matter, please call:

Natalie Chin at (813) 454-6075
(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



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 & M Welding LLC

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

LI7000261160

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01 JUN 19

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

AMBR
(Print Title)

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

[Signature] [Signature]

Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FL