## L180000) 17029

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

Division of Corporations			
SUBJECT: A&M Quality Maintenance 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:			
Michael Affavo (Contact Person)			
AEM Quality Maintenance LLC (Firm/Jompany)			
94 Windridge In (Address)			
Panama City Beach FL 32413 (City/Stail and Zip Code)			
For further information concerning this matter, please call:			
Michael Alfavo at (186) 501 - 1223 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for:  \$\Begin{align*} \pm \frac{1}{2} \pm 1			

Mailing Address:

**TO:** Registration Section

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
Tallahassee, FL 32303



## 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 li	mited liability company as it appears	on the records of the Florida Department
of State is: A	&M Quality Mainter	mance LLC
	nent/registration number assigned to	
_L180a	PSOFICE	
3. The date this mem	ber/manager withdrew/resigned or w	rill withdraw/resign is: 9/1/19
4. I, Eduard (Print Nam	ne of Person Resigning), here	by withdraw/resign as a
Authoriz	red Member.	
of this limited liabi resignation in writi		iability company has been notified of my
	ociating Member or Resigning Mana	2020 APR -
Filing Fee:	\$25.00 (Required)	. 6 A#

Certified Copy:

\$30.00 (Optional)