L18000040314

	(Requestor's Name)				
	(Address)				
	(Address)				
1	(City/State/Zip/Phone #)				
	PICK-UP WAIT MAIL				
-	(Business Entity Name)				
	(Document Number)				
Certif	ed Copies Certificates of Status				
Spe	l cial Instructions to Filing Officer:				
	Office Use Only				



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FILED SECRETARY OF STATE DIVISION OF EGRPORATIONS

COVER LETTER ·

TO: Registration Section Division of Corporations					
SUBJECT: A& Labol . (Name of Limited Liability Con	npany)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Contact Person)	-				
A&S Wel (Firm/Company)	-				
6750 NW 186 M St. 407A (Address)	-				
Hialeah, FL 33015 (City/State and Zip Code)	_				
For further information concerning this matter, please call:					
(Name of Contact Person) at (<u>\$60</u>) (Area Code) 639 5763 & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: 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)

1. The name of the lin	mited liability company as it appears on the records of the Florid	da Department	t
of State is: A	Slabel	,	
2. The Florida docum	nent/registration number assigned to this limited liability compa	ny is:	
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: _63_	19/2019	
4. I, lachia S (Print Nam	he of Person Resigning), hereby withdraw/resign as a		
Co-0u			
of this limited liabil resignation in writing	lity company and affirm the limited liability company has been a	notified of my	,
\ \			
Signature of Diss	ociating Member or Resigning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	18 HAR	