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TO: Registration Section

Registration Section

Clifton Building

CR2E079 (2/14)

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

Division of Corporations

SUBJECT: Pro Master Air Conditioning (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:						
Helen Waddell (Contact Person)						
Prestige Accounting + Brokkeping						
7134 W Manab Rd (Address)						
Tamasac FZ 33321 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Helen Wallel at (954) 653-8015 (Name of Contact Person) (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\\$55 \text{ Filing Fee} \square\$ \$\\$55 \text{ Filing Fee} & Certified Copy						
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section						

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327





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	d liability company	as it appears on th	ne records of the I	lorida Department
of State is: Pro	Master	ALT CO	ndition	in Fac.
2. The Florida document/	registration number	assigned to this I	imited liability co	ompany is:
L180000		·		\ \ \
3. The date this member/s	nanager withdrew/r	esigned or will w	ithdraw/resign is:	4/28/18
4.1. Robert = (Print Name of	Person Resigning)	, hereby w	vithdraw/resign as	s a
AMOT (Print)	"itle)			
of this limited liability	company and affirm	the limited liabil	ity company has t	seen notified of my
resignation in writing.	but	Smill	le .	
Signature of Dissocia	iting Member or R é	signing Manager		
	5.00 (Required) 0.00 (Optional)			
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