

L180000 51118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Dissociation
of
Member

FORM 100 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACITS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000051118

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rick Overberg
Name of Person

ACITS, LLC
Name of Firm/Company

2160 C J Ln
Address

Lebelle FL 33935
City/State and Zip Code

rick@rickoverberg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Overberg at (904) 8401-3202
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2020

RICK OVERBERG
ACITS LLC
2160 GINN
LABELLE, FL 33935

SUBJECT: ACITS LLC
Ref. Number: L18000051118

We have received your document for ACITS LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong resignation form. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 920A00017062



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: ACITS, LLC

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

L180000518

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/15/2020

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

Manager
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

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