(((H20000237911 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 : (407)898-1757 Phone Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

customer @ abh corp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOTAL FLORIDA INTERNATIONAL LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$25.00	

 $(\)$

Electronic Filing Menu

AUG 27 LUR

COVER LETTER

Page:

CR2E079 (2/14)

•	on of Corporations	•			
SUBJECT:	TOTAL FLOR	TOTAL FLORIDA INTERNATIONAL LLC			
SOBSECT.	(Name of Limit	ted Liability Company)			
The enclosed	member, resignation or dissocia	ation and fee(s) are submitted for filing.			
Please return	all correspondence concerning t	his matter to:			
STEPHANIE C	NSTRO				
	(Contact Person)				
ACCOUNT BO	OKKEEPING CORP				
	(Finn/Company)	***************************************			
5301 CONROY	RD, STE 140				
	(Address)				
ORLANDO, FL	32832				
	(City/State and Zip Code)				
For further in	formation concerning this matte	r, please call:			
STEPHANIE CA	A\$TRO	407 898-1757 at ()			
(Na	me of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed plea \$25 Filing		the Florida Department of State for: \$\sum \\$55 \text{ Filing Fee & Certified Copy}\$			
Regist Division P.O. B	ration Section on of Corporations ox 6327 assee, 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)

of State is:		pany is:		
L18000066340				
3. The date this member/manager withdrew/resigned	ed or will withdraw/resign is: _	05/20/2020		
4. I, (Print Name of Person Resigning)	_, hereby withdraw/resign as a	·		
(Print Name of Person Kengning) AMBR				
(Print Title)				
of this limited liability company and effirm the line resignation in writing.		n notified of my		()
Signature of Dissociating Member or Resigning	g Mannger		7070	4,2
			333	
			بي م-	~
			Ū	.]
			=	7
			=======================================	

CR2E079 (2/14)

11 - ---- 2 7011 2