Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ACCOUNT BOOKKEEPING CORP Account Name

Account Number : I20120000055 Phone

: (407)898-1757

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. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOUCH TO FIND LLC

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Corporate Filing Menu

Help

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From Account Bookkeeping 1.321.888.4914 Thu Aug 23 14:55:24 2018 MDT Page 2 of 3

COVER LETTER

| TO: | | stration Section tion of Corporations | | | |
|---|---|--|----------------------------|---|--------|
| SUBJ | вјест: | TOUCH TO FIND LLC | | | |
| 0000 | | (Name of Limited | d Liability C | ompany) | |
| The er | nclosec | l member, resignation or dissociati | on and fee | e(s) are submitted for filing. | |
| Please | return | all correspondence concerning thi | is matter to |): | |
| VANE | ESSA | ROSA | | | |
| | | (Contact Person) | | | |
| ACC | OUNT | BOOKKEEPING CORP | | | R. |
| | | (Firm/Company) | | | 100 |
| 5301 | CONF | ROY ROAD STE 140 | | | |
| | | (Address) | | • | ~ ت |
| ORLANDO FL 32811 | | | | यु . सम | ن در |
| | | (City/State and Zip Code) | | | |
| For fu | irther ii | nformation concerning this matter, | please cal | ll: | |
| VAN | ESSA | ROSA | 407 11 (| 898-1757 | |
| | (N) | Jame of Contact Person) | (Area Co | de & Daytime Telephone Number) | |
| | sed ple 5 Filing | ease find a check made payable to t g Fee | the Florida 🔟 \$55 Fili | Department of State for: ng Fee & Certified Copy | |
| Regis Divisi Clifto 2661 Tallal | tration ion of 0 ion Build Execut nassee, | tive Center Circle Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314 | |
| CRZEO | 79 (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)

| l. | The name of the limited liability company as it appears on the records of the Florida Department |
|----|--|
| | of State is: |
| 2. | The Florida document/registration number assigned to this limited liability company is: L18000139187 |
| | The date this member/manager withdrew/resigned or will withdraw/resign is: |
| | I, ROBERLAN RIBEIRO , hereby withdraw/resign as a (Print Name of Parson Resigning) |
| | AMBR |
| | (Print Title) |
| | of this limited liability company and affirm the limited liability company has been notified of my esignation in writing. |
| (| Alexander de la companya della compa |
| | Signature of Dissociating Member or Resigning Manager |