

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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III SO SELECTION

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: USAESP | nited Liability Company) |
| The enclosed member, resignation or dissoc | iation and fee(s) are submitted for filing. |
| Please return all correspondence concerning | this matter to: |
| MARIA ANDERSON (Contact Person) | |
| USAESP UC. (Firm/Company) | |
| 2549 RED Fox Rd. | |
| ORANGE PARK, FL, 2 (City/State and Zip Code) | 52013 |
| For further information concerning this matter | ter, please call: |
| MARIA ANDERSON (Name of Contact Person) | at (305) 351-6198 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable \$25 Filing Fee | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations | MAILING ADDRESS: Registration Section Division of Corporations |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 a | s it appears on the records | of the Florida Department | |
|---|---------------------------------------|------------------------------|-----------------------------|--------|
| of State is: | ISAESP LLC. | | | |
| 2. The Florida docu | nment/registration number a | assigned to this limited lia | bility company is: | |
| | 00139904 | | | |
| 3. The date this me | mber/manager withdrew/res | signed or will withdraw/re | esign is: <u>06/06/2018</u> | |
| 4. I. ALEJAND | ORA ALONSO 'ame of Person Resigning) | | | |
| M6 | R | | | |
| - | (Print Title) | | | |
| of this limited lial resignation in wri | bility company and affirm thing. | he limited liability compa | ny has been notified of my | |
| Alei | andra Alon so | | 2016 JUN | tawy, |
| | ssociating Member or Resig | gning Manager | Alle Signature | (3w 1, |
| | \$25.00 (Required) | 77 280 | 1 !*** | |
| Certified Copy: | \$30.00 (Optional) | | ର୍ଷ୍ଟ ଜ ଫ୍ରୀ କ | , |