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## **COVER LETTER**

Division of Corporations	
Sebject: 1.1.	PROPERTY SERVICES LI
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
ANDREA SIRIANNI (Contact Person)	<del></del>
(Firm/Company)	<del></del>
2524 AMBRUSIA D	RIVE
MIDDLEBURG, FL 3 (City/State and Zip Code)	2068
For further information concerning this matter	r, please call:
AND FA SIRIANNI (Name of Contact Person)	at (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	•
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



## 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 Flor	ida Dep	artme	nt
of State is: AA PREMIER PROPERTY SERVICES	Ш	Ì	<b></b> ·
2. The Florida document/registration number assigned to this limited liability comp	any is:		
L18000170998		1	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	115	10	<u>}</u>
4. I, ANDREA SIRIANNI, hereby withdraw/resign as a (Print Name of Person Resigning)	1	1	
MANAGER.	SE	2019	
(Print Title)	SREE EU	019 MOV	-η
of this limited liability company and affirm the limited liability company has been	notified	d of m	ıy
resignation in writing.	Frig.,	0	į
	11.00.13 11.13.13	PM It St	
Signature of Dissociating Member or Resigning Manager	ر (	Ē	
Filing Fee: \$25.00 (Required)			
Certified Copy: \$30.00 (Optional)			