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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: A Service Audion (Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jucacy V. CV 17 (Contact Person)
AA Service Asia //c.
(Firm/Company)
GOBNEY ASE (Address)

For further information concerning this matter, please call:

(Name of Contact Person) at (154) 304-3065.

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\alpha\$\$ \$25 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314

CR2E079 (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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: A	A Service Mc.
	ment/registration number assigned to this limited liability company is:
1000811	1190546
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: \(\sigma_1 \subseteq 1 \subsete
	me of Person Resigning), hereby withdraw/resign as a
MGR	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	Sociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)