

L18 000 227 144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

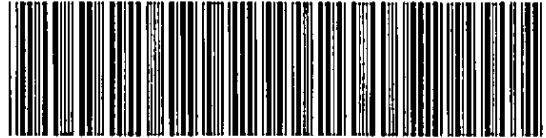
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/03/20--01013--023 **25.00

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2020 AUG -3 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FL

JL 09/25/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & A Investigation And Adjusting, LLC

(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:

Lazaro Alfonso

(Contact Person)

A & A Investigation And Adjusting, LLC

(Firm/Company)

650 NW 132 Place

(Address)

Miami, FL 33182

(City/State and Zip Code)

For further information concerning this matter, please call:

Lazaro Alfonso

305

305-6239

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: A & A Investigation And Adjusting, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000227144

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 30, 2020

4. I, Linda J. Arnold, hereby withdraw/resign as a
(Print Name of Person Resigning)
VT - Vice President / Treasurer
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Linda J. Arnold
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2020 AUG -3 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FL

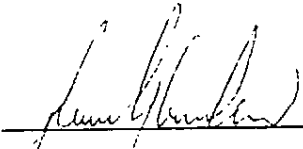
NOTARY ACKNOWLEDGMENT

State of Florida }

County of Miami Dade ;

I, Randy G Lopez, a Notary Public, hereby certify that Linda J. Arnold whose name is signed to the foregoing Dissociation Or Resignation Of Member, Manager From Florida Or Foreign Limited Liability Company (Pursuant to 605.0216, Florida Statutes), and who is known to me or has produced Florida driver license as identification. acknowledged before me on this day that, being informed of the contents of the conveyance, she executed the same voluntarily on the day the same bears date.

Given under my hand this 13 day of JULY, A.D. 2020.



Notary Public

Print Randy G Lopez

My commission expires: 06/14/2023

