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(Requestor's Name)					
(Address)					
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D. BRUCE JAN 11 2019

COVER LETTER

Division of Corporations Achelois Consulting SUBJECT: (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: Brian Baum (Contact Person) Achelois Consulting (Firm/Company) 2841 Wynfield Road (Address) West Friendship, MD 21794 (City/State and Zip Code) For further information concerning this matter, please call: Brian Baum (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy **\$25** Filing Fee

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

TO:

Registration Section

MAILING ADDRESS:

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



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)

	elois Consulting	s it appears on the records of th	• ***		
2. The Florida doc	ument/registration number as	ssigned to this limited liability	company is:		
L1800023884	6				
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is:	18	_
4. I, Brian J. Bau	m	. hereby withdraw/resign	as a		
(Print N	ame of Person Resigning)	. hereby withdraw/resign			
AMBR					
	(Print Title)				
of this limited lia resignation in wr		ne limited liability company has	s been notified		У
AIV.	MA		<u>:-</u>	2019	
Signature of Di	issociating Member or Resig	ning Manager		JAH - 2	
Filing Fee:	\$25.00 (Required)		*** ******	PH	m
	\$30.00 (Optional)				: