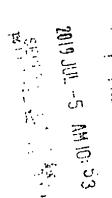
## L18000247/41

(R	lequestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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## COVER LETTER

Registration Section

TO:

CR2E079 (2/14)

Division of Corporation	ons				
ALL AMERICA SUBJECT:	N FIXERS, L.L.C.				
(Name of Limited Liability Company)					
The enclosed member, resigna	ation or dissociation and fee(s)	are submitted for filing.			
Please return all corresponden	ice concerning this matter to:				
DAVID M. RUTHERFORD					
(Contact	Person)	•			
DAVID M. RUTHERFORD	, INCOME TAX SPECIALIS	}			
(Firm Co	mpany)	•			
P.O. BOX 5530					
(Addre	88)	-			
DESTIN FL 32540					
(City/State at	nd Zip Code)	-			
For further information conce	rning this matter, please call:				
MATTHEW J. SMITH	850	390-9550			
(Name of Contact Pe	<del></del>	& Daytime Telephone Number)			
Enclosed please find a check ■ \$25 Filing Fee	made payable to the Florida D  \$55 Filing	Department of State for: Fee & Certified Copy			
STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, Florida 32301		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)

	AMERICAN FIXERS, L.L	it appears on the records of the F.C.		·
2. The Florida docu L18000247149		ssigned to this limited liability cor		
AMBER PET	ERSON	igned or will withdraw/resign is:, hereby withdraw/resign as	06/20/20 a	<del>-</del>
MANAGER/M	me of Person Resigning)		1 .	M 10: 53
		ne limited liability company has b	een notifi	ed of my
Signature of Di	ssociating Member or Resig	gning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			