119000237-337

(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



500336802785

11/12/19--01028--010 **25.00

NOV 12 P # 38

ESC 1: 22:0

COVER LETTER

Division of Corporations						
SUBJECT: A EN General Services LLC. (Name of Limited Liability Company)						
(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:						
Adriana Ayala (Contact Person)						
(Firm/Company)						
5815 107 th Terrace (Address)						
Pinellas Park, FL. 33782 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Adriana Ayala at (727) 459-0466 (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 \$\sum \\$55 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 lightlity company	os it appages on the rec	ords of the Flor	ida Danastmant
	limited liability company a	• •		ida Department
of State is:	t&N Erreral	Services	LLC	· · · · · · · · · · · · · · · · · · ·
2. The Florida docu	ment/registration number	assigned to this limite	d liability compa	any is:
L 190002	137337	·		
3. The date this men	mber/manager withdrew/re	signed or will withdra	aw/resign is: <u>N</u> o	ov.7+h2019
4. I, Adriano	AUGIA ame of Person Resigning)	, hereby withdr	aw/resign as a	
Vice !	President.			
of this limited liab resignation in wri	oility company and affirm t ting.	he limited liability co.	mpany has been	notified of my
Addia Signature of Dis	n Agula ssociating Member or Resi	onino Manager	. 20 54.LL	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	g.m.g.manager	ELCRITARY OF	
			TORROLL STATE	Ö