

W19 000248784

Fabian AIRDICES
2559 Montclair Circle
WASTON, FL 33327

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

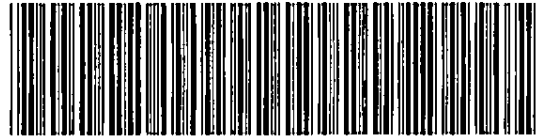
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

2023 JAN -3 AM 9:46

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A. RIVERS
MAR 13 2023



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)

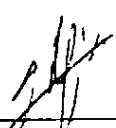
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ATCONSULTORS ASSESSORAMENT I SERVEIS AMERICA LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000248784

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-28-2022

4. I, REGINA PEY PLA, hereby withdraw/resign as a
(Print Name of Person Resigning)
MENBER MANAGER
(Print Title)

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


REGINA PEY PLA.
Signature of Dissociating Member or Resigning Manager

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

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