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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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R. WHATE.

COVER LETTER

Division of Corporations	
A - Z SERVICES, LLC	
SUBJECT: (Name of Limited Liability	y Company)
The enclosed member, resignation or dissociation and	
Please return all correspondence concerning this matter	r to:
DOUGLAS RAY WOOLLEY	
(Contact Person)	,,,,,
A - Z SERVICES, LLC	
(Firm/Company)	
1604 NW BRITT ROAD	
(Address)	
STUART, FL 34994	
(City/State and Zip Code)	
For further information concerning this matter, please of	call:
DOUGLAS RAY WOOLLEY 772	215.2117
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori ■ \$25 Filing Fee	ida Department of State for: 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



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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)

The name of the limited liability company as it appears on the records of the Florida Depa of State is: A - Z SERVICES, LLC	irtment
2. The Florida document/registration number assigned to this limited liability company is: L19000266803	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/15/2020	
4. I, TERI TILTON-WOOLLEY (Print Name of Person Resigning), hereby withdraw/resign as a	
MGR / MEMBER	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified resignation in writing. Jeri Julian Wasley	of my
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	