## 119000 279331

(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



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03/23/20--01022--014 ++25.00

2020 HAX 23 PH 1: 19

Resignation

APR 03 2020 I ALBRITTON

## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJEC	ANDYS VANS LLC					
GCDGEC		(Name of Limited Liability Company)				
The encl	osed member, resignation or dis	sociation and	d fee(s	) are submitted for filing.		
Please re	turn all correspondence concern	ing this matt	ler to:			
матт ві	UMBERG CPA					
	(Contact Person)			-		
мітснеі	LL L TAYLOR CPA PA					
	(Firm/Company)		-	-		
4800 N F	EDERAL HWY D102					
	(Address)			-		
BOCA RA	ATON FL 33431					
<del></del>	(City/State and Zip Code)			-		
For furth	er information concerning this r	matter, please	e call:			
MATT BI	LUMBERG	561 at (		367-1568		
	(Name of Contact Person)		1 Code	& Daytime Telephone Number)		
Enclosed	l please find a check made payal	ble to the Flo	rida D	Department of State for:		
	iling Fee			Fee & Certified Copy		
<u>N</u>	lailing Address:			Street Address:		
R	Legistration Section			Registration Section		
	Division of Corporations			Division of Corporations The Centre of Tallahassee		
	O. Box 6327 Fallahassee, FL 32314			2415 N. Monroe Street, Suite 810		
1	ananassee, FL 32314			Tallahassee, FL 32303		







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the of State is:		appears on the records of the Florida Department
2. The Florida docu L19000279331	ument/registration number assig	ned to this limited liability company is:
3 The date this me	ember/manager withdrew/resign	ed or will withdraw/resign is:
ANDREW L RE	MNE	_, hereby withdraw/resign as a
MEMBER	ume of Ferson Resigning	
- 11	(Print Title) bility company and affirm the li	mited liability company has been notified of my
resignation in wr	iting.	
Signature of Di	ssociating Member or Resignin	g Manager
Filing Fee:	\$25.00 (Required)	