L 2000 000 6048

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
	
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Special Instructions to Filing Officer:	
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Office Use Only



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V SHIKEP

January 29, 2020

Florida Department of State Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

Re: Antique-Vintage Search & Rescue

Doc. Number: L20000006048

Dear Sirs.

Please help. Trying to call you to resolve this is virtually impossible. When I finally get through to someone, I'm put on hold and then cut off.

When I originally filed for my LLC in January, I added my wife. I have since been in contact with my accountant and was told I should remove her from the article of incorporation so that it will simplify my annual taxes by becoming a sole proprietorship. He said that this will be so that all filings will be done under my social security number, negating the need for an EIN.

Attached is what I believe to be the proper paperwork to amend the articles of incorporation. Please let me know if the attached is correct. If not please tell me what I need to file to make the correction.

Thank you,

Richard Kottler

5955 SE Riverboat Drive

#623

Stuart, FL 34997

772-342-4601

COVER LETTER

Division of Corporations	
SUBJECT: ANTIQUE - VINTAGE SEARCH RESCUE LLC (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:	
Richard Korrier (Contact Person)	
ANTique Vindage Seach & Rescure LLC. (Firm/Company)	
5955 SE Riverboat Do #623 (Address)	
City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (272) 342-4601 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy	

TO: Registration Section

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



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:
2. The Florida document/registration number assigned to this limited liability company is: L20000006048
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \(\overline{1}\) \(\overline{2}\) \(2
4. I. FUELLE VEZQUEZ - KOTYLEP, hereby withdraw/resign as a Print Name of Person Resigning) View Person Land (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member of Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)