

120 0000 27419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

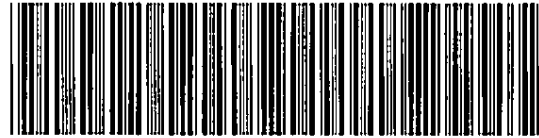
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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STATE  
OFFICE OF  
2020 JUN 1 09:30:33

Dissociation  
of  
Member

JUN 24 2020

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Afirmativ Solutions 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:

Evan Kenty  
(Contact Person)

Afirmativ Solutions LLC  
(Firm/Company)

2247 Somerset Place  
(Address)

Naples Florida 34120  
(City/State and Zip Code)

For further information concerning this matter, please call:

Evan Kenty at ( 440 ) 708 6277  
(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

☐ \$55 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

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
JAN 11 2011  
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: Afirmativ Solutions LLC

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

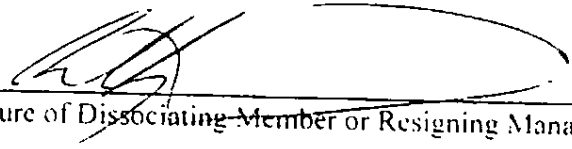
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3. The date this member/manager withdrew/resigned or will withdraw/resign is: 28 May 2020

4. I, Anthony Landolfi, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Associate  
(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 or Resigning Manager

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