L20000031284

(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:			
Special instructions to 1 ming Officer.			
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
A+ PLUS ADMINS LLC SUBJECT:	
(Name o	f Limited Liability Company)
The enclosed member, resignation or di	ssociation and fee(s) are submitted for filing.
Please return all correspondence concer	ning this matter to:
Anthony Hernandez	
(Contact Person)	
A+ PLUS ADMINS LLC	
(Firm/Company)	
130 E Floyd Ave	
(Address)	
Lake Mary FL 32746	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
Anthony Hernandez	321 578-1139 at ()
(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	able to the Florida Department of State for: ☐ \$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



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)

	: limited liability company a	as it appears on the records of t	he Florida Department
2. The Florida doc L20000031284	ument/registration number a	assigned to this limited liability	y company is:
3. The date this m	ember/manager withdrew/re	esigned or will withdraw/resign	8/15/2022 1 is:
Anthony Harny	oder	hereby withdraw/resign	
Anthony Hernan	dez		
	(Print Title)		
resignation in w	riting.	the limited liability company h	as been notified of my
Signature of D	vissociating Member or Resi	igning Manager	ZAZZ AUG
_	\$25.00 (Required)		106 15