L20000054560

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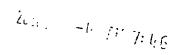
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COVER LETTER

Registration Section TO: Division of Corporations AFFORDABLE DAY & NIGHT, L.L.C. SUBJECT: (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: **EUGENE FRANCIS** (Contact Person) (Firm/Company) 614 SE THORNHILL DRIVE (Address) PORT ST LUCIE, FL. 34983 (City/State and Zip Code) For further information concerning this matter, please call: **EUGENE FRANCIS** (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: **Registration Section** Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

CR2E079 (2/14)





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	as it appears on the records of the Florida Department .EANING, L.L.C.
2. The Florida docu L20000054560	ument/registration numbe	r assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/	resigned or will withdraw/resign is:
4. I, EUGENE FRANCIS (Print Name of Person Resigning)		
MANAGER	name of Person Resigning)	
	(Print Title)	-·
of this limited lia resignation in wr		n the limited liability company has been notified of my
Engen J	Ran iognosiating Mamber or Re	scioning Manager
Signature of D	izzoeiumiä iaiémpet or Ké	argini și iviningei
	\$25.00 (Required)	
	issociating Member or Re \$25.00 (Required) \$30.00 (Optional)	signing Manager