## 121000133076

(Re	questor's Name)	
(Add	dress)	
(A.J.	dress)	
(Aut	uiess)	
(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

American Forefront LLC SUBJECT:	
	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Melissa Abreu	
(Contact Person)	
American Forefront LLC	
(Firm/Company)	
1519 Weyburn Road	
(Address)	
Baltimore, MD 21237	
(City/State and Zip Code)	<u></u>
For further information concerning this matter	er, please call:
Melissa Abreu	917 342-1550
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	to the Florida Department of State for:  State for: Continued Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

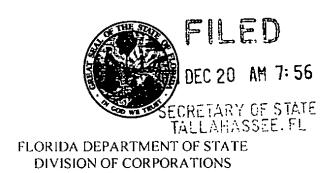
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a	is it appears on the records of the Florida Department	
	ument/registration number	assigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:	
4. I. Melissa Abreu		, hereby withdraw/resign as a	
(Print N	ame of Person Resigning)		
Manage	er		
	(Print Title)		
of this limited lial resignation in wr	iting.	the limited liability company has been notified of my	
Signature of Di	ssociating Member or Resi	gning Manager	
•	\$25.00 (Required) \$30.00 (Optional)		
	• • /		