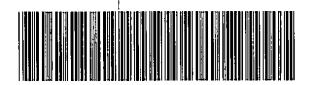
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: HVAC CERTIFICATI (Name of Limited Lie	ON CENTER LLC ability Company)
The er	nclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please	return all correspondence concerning this m	eatter to:
_A	Lejandro Buitrago (Contact Person)	
HUA	CERTIFICATION CENTER (Firm/Company)	<u> </u>
216	7 SW PRUITT ST (Address)	····
Port	St Lucie Flurida 3495 (City/State and Zip Code)	<u> </u>
For fu	rther information concerning this matter, ple	ase call:
Aleg	(Name of Contact Person) at (954) <u>391–1203</u> rea Code & Daytime Telephone Number)
	sed please find a check made payable to the 5 Filing Fee S	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)

1. The name of the	limited liability con	ipany as it	appears on th	ne records of t	the Florid	ia Dep	artment
of State is:	VAC CERT	FICA	TIONCE	ENTER	LL	<u> </u>	
2. The Florida docu	ament/registration nu	ımber assig	gned to this li	mited liabilit	y compan	ıy is:	
FE1: 86-	3595/63	DNH	L2100	01768	12		
3. The date this me	mber/manager witho	lrew/resign	ed or will wi	thdraw/resign	n is:	6-1	7-2
4. I. Jorge (Print N	R105 Tame of Person Resigning		hereby w	ithdraw/resig	n as a		
A^	182 (Print Title)	·					
of this limited lia resignation in wr	bility company and a iting.	iffirm the li	imited liabili	ty company h	as been n	otifiço	lofmy
C: V MAC		D. al salas			•		·
Signature of Di	ssociating Member of	or Kesignin	g Manager				Pulme
Filing Fee: Certified Copy:	\$25.00 (Required \$30.00 (Optional	-			ارا 	=	-4 VTE.



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 th	e limited liability company as	it appears on the records	of the Florida Department
of State is:	WAC CERTIFICA	ATION CENTE	RLLC
2. The Florida doe	cument/registration number ass	signed to this limited liab	ility company is:
F#1:86	-3595/63 DN	L21000176	812
3. The date this m	ember/manager withdrew/resig	gned or will withdraw/res	sign is: <u>06-17-21</u>
4. I. <u>Jorge</u> (Print)	R 105 Name of Person Resigning)	, hereby withdraw/re	sign as a
A	MBR Print Titles		
of this limited lineresignation in w	ability company and affirm the riting.	: limited liabifity compan	y has been notified of my
			. <u> </u>
Signature of I.	issociating Member or Resign	ing Manager	
_	\$25.00 (Required)		
Cartified Copyr	(lenoireO) 00 052		i * 1