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COVER LETTER

TO: Registration Section Division of Corporations A Coordinated Effort of Services, LLC ACES 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: Deirdre Dzamba (Contact Person) A Coordinated Effort of Services LLC ACES (Firn/Company) 2315 SW 54th Lane (Address) Cape Coral, FL 33914 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person)

239 671-2881

at (______)

(Area Code & Daytime Telephone Number) Deirdre Dzamba 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 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



LLORIDA DI PARTMENT DE STATI DIVISION DE CORPORATIONS

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

(Pursuant to 605 o To. Horida Statutes).

I	The name of the limited liability company as it appears on the records of the Floric	da Der	Silvent.
	of State is. A Coordinated Effort of Serves 11 CACES	13	<u> </u>
٦.	7 The Florida document/registration number assigned to this limited liability compart 1/12000237226	ıyılsı-l); 5 ₁
	3. The date this member manager withdress resigned or will withdraw resign is 4. London Lynn James London Resigning: 4. London Name of Person Resigning: Co-Owner	2004	
	(Pron Tuke)		
	of this limited liability company and affirm the limited liability company has been needignation in writing.	оптес	Fofmy

Signature of Dissociating Mem For Resigning Manager

filling Lee S25,00 (Required) Certified Copy S30 of (Optional)