22000258868

(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:				
<u> </u>				

Office Use Only



600404398816

5/18/23 VIN

123 HAR | 7 PM |2: |

COVER LETTER

TO: Registration Section Division of Corporations

AMPNET SERVICES, LLC 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: ALEXANDER GUERRERO (Contact Person) AMPNET SERVICES, LLC (Firm/Company) 2810 SW 57th Ct (Address) Fort Lauderdale, FL 33312 (City/State and Zip Code) For further information concerning this matter, please call: 529-7119 ALEXANDER GUERRERO 954

Enclosed please find a check made payable to the Florida Department of State for:

\$\sum \\$\sum \\$\\$55 \text{ Filing Fee & Certified Copy}\$

__ at (_____) ___

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(Name of Contact Person)

Street Address:

(Area Code & Daytime Telephone Number)

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	s it appears on the records of	the Florida Department
of State is:			
2. The Florida doct 1.22000258868	ument/registration number a	ssigned to this limited liabili	ty company is:
		·	02/06/2023
3. The date this me ALEXANDER C	~	signed or will withdraw/resig	n is:
4. I		, hereby withdraw/resig	gn as a
(Print N DIR	ame of Person Resigning)		
	(Print Title)		
resignation in wr	punta Jainena.	he limited liability company l	HAR 17
Signature of Di	ssociating Member or Resig	gning Manager	PMIZ: 10 OF STATE SEE. FL
Filing Fee:	\$25.00 (Required)		<u> </u>
	\$30.00 (Optional)		