

L 23000310171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

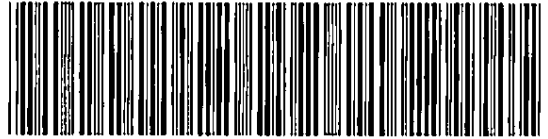
(Document Number)

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**JAN 11 2024**

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TALLAHASSEE, FLORIDA

25

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERIKRANE LLC  
(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:

MATTHEW MOORE  
(Contact Person)

AMERIKRANE LLC  
(Firm/Company)

1145 TOWNPARK AVE., SUITE 2201  
(Address)

LAKE MARY, FLORIDA 32746-4789  
(City/State and Zip Code)

For further information concerning this matter, please call:

DARYA PLACHYNDA at 321 300-0087  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

\$25 Filing Fee

\$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



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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 company as it appears on the records of the Florida Department of State is: AMERIKRANE LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L23000310171

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1 DECEMBER 2023

4. I, DONALD FOSTER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER (AMBR)  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Donald Foster*  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)