

5/6/24, 4:22 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TIMELINE BUSINESS CENTER LLC
Account Number : 120150000034
Phone : (239)344-7417
Fax Number : (888)344-7262

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

paulohenriquevidigal@gmail.com

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A&PH SERVICES LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. LEMIEUX

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MAY 07 2024

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: A&PH SERVICES LLC

2. The Florida document/registration number assigned to this limited liability company is:
L23000512954

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/22/2024

4. I, ALEX SOUZA MIRANDA, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR*(Print Title)*

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

A handwritten signature in cursive script, appearing to read "Alex Souza", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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