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(Requ	uestor's Name)	
(Addr	ess)	· · · · · · · · · · · · · · · · · · ·
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: AS RENTAL MANAGEMENT, 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:

Corporation Service Company as Registered Agent

(Contact Person)

Integrated Asset Services LLC

(Firm/Company)

1560 Broadway, Suite #2090

(Address)

Denver, CO 80202

(City/State and Zip Code)

For further information concerning this matter, please call:

Corporate Service Company as Registered Agent

(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

STREET/COURIER ADDRESS:

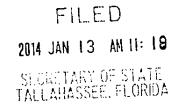
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E079 (12/13)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as RENTAL MANAGEM		rds of the Florida Department
2. The Florida doc M12000006	ument/registration number of	of this limited liability c	company is:
3. The date this me	ember withdrew or will with	draw is:	14
4. I. Craig Samador		, hereby resign as a Manager	
, 	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr		ne limited liability com	pany has been notified of my
Signature of R	esigning or Dissociating Ma	inager, Member	
_	\$25.00 (Required) \$30.00 (Optional)		