M1300000283

	(Requestor's Name)		
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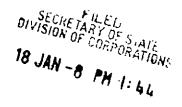
Division of Corporations Acceso Strategy, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Ron Deming (Contact Person) Acceso Strategy, LLC (Firm/Company) PO Box 430 (Address) Valrico FL 33595 (City/State and Zip Code) For further information concerning this matter, please call: Ron Deming 927-5366 813 (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: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Registration Section





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 as eso Strategy, LLC	it appears on the records of the Florida Department
2. The Florida doce M1300000028	_	ssigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/res	igned or will withdraw/resign is:
4. I, Rich Deming (Print Name of Person Resigning)		-
MGR		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	