# M20000607

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	18-
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OCT 0 6 2015

S. YOUNG

#### **COVER LETTER**

Division of Corporations
SUBJECT: All Save Enterprises, 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:
Randoph Margrave (Contact Person)
All Save Enterprises, LLC
3742 Cardinal Blud (Address)
Daytona Beach, Fl 32118  (City/State and Zip Code)
For further information concerning this matter, please call:
Randolph Margrave at 386, 451-7418 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\subset\$ \$\\$\\$ \$\\$ \$\\$ \$\\$ \$\\$ Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

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

TO: Registration Section

#### **MAILING ADDRESS:**

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

CR2E079 (2/14)



### 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
1	111 6 in Entococions 110
of State is:	All Save Enterprises, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
M130	00006507
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 38 2015
4.1. Karlton	Wayne Shearer for Gold Leaf Solutions, Inc.  ware of Person Resigning)  white the shear of the s
(Print N	ame of Person Resigning)
$\infty$ 0	
	Mbev (Print Title)  5. 5. 5. 6.
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of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Vun	01 - 0111
Xalton Way	me Sheases For Lold COMO Solutions, inc.
Signature of Bi	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)