## L0900018588

(Requestor's Name)					
(Address)					
(Address)					
(City/S	State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Busin	ness Entity Na	ame)			
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					

Office Use Only



400293026724

01/04/17--01009--001 \*\*160.00

TILED

MIN JAN -4 P 2 II

**S Warren**JAN 0 5 2017

## **COVER LETTER**

	stration Section sion of Corporations		
SUBJECT:			LIMITED LIABILITY COMPA
	(Name of Lim	ited Liability Co	mpany)
The enclosed	d member, resignation or dissoci	ation and fee(	s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
PATRICIA	WILSON		
	(Contact Person)		<u> </u>
PINO NICH	HOLSON PLLC		
-	(Firm/Company)		<del>_</del>
189 S ORA	NGE AVENUE SUITE 1650		
	(Address)		_
ORLANDO	, FLORID 32801		
	(City/State and Zip Code)		<del>-</del>
For further in	nformation concerning this matte	er, please call:	
BARRY M.	SICKLES, ESQ.	954 at (	255 7360
(N	fame of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed ple	ease find a check made payable tog Fee		Department of State for: g Fee & Certified Copy
STREET/C	OURIER ADDRESS:	·	MAILING ADDRESS:
Registration			Registration Section
_	Corporations		Division of Corporations
Clifton Build	ding		P.O. Box 6327
	ive Center Circle Florida 32301		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)

		it appears on the records of the FLORIDA LIMITED LIABILIT		<del>-</del>	
2. The Florida docu L0900007858	-	ssigned to this limited liability co	ompany i	s:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	12/31/	2016	
4. I, CHERYL SARAGOSSI  (Print Name of Person Resigning)  MANAGER and MEMBER					
<del></del>	NEMBER (Print Title)				
of this limited lia resignation in wr	bility company) and affirm th	ne limited liability company has b ning Manager	oeen noti	fied of my	
	\$25.00 (Required) \$30.00 (Optional)	ARLAHASSEE, FI	d n- Nei 1107		