L11000 130815

(Reque	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/St	ate/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	





700273600427

06/05/15--01017--002 **25.00



JUN 11 2015 J SHIVERS



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 compar	ny as it appears on t	the records of the Flo	rida Departm	ent
	Southerst 1	• • •		· 	·
2. The Florida docu	ument/registration numb	er assigned to this	limited liability comp	pany is:	
L11000	130819			/ /	
3. The date this me	mber/manager withdrew	v/resigned or will w	vithdraw/resign is:	6/30/20	014
4. I, Prof	ame of Person Resigning)	LC, hereby v	withdraw/resign as a		
M	GRM (Print Title)	·			
of this limited lia resignation in wr	bility company and affir iting.	m the limited liabil	lity company has been	15 SEC	şı,
W.	Ilh Had,	د		JUN -5 TRE IVAN AHASSI	**************************************
Signature of Di	ssociating Member or R	esigning Manager			
_	\$25.00 (Required) \$30.00 (Optional)			8: 52 STATE LORIDA	Samuel Samuel

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Southers T PANTNERS, 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:				
(Contact Person)				
Profit Safani, LLC (Firm/Company)				
3540 Diamond Falls Cin. (Address)				
LAND Clahrs, FL 34638 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (770) 238-9355 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\s				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

CR2E079 (2/14)