13000134676

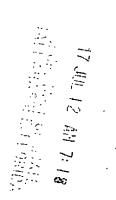
(Requestor's Name)			
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COVER LETTER

Division of Corporations		
SUBJECT: Sansomix LLC		
	of Limited Liability Co	ompany)
The enclosed member, resignation or d	lissociation and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to	:
Sandra Hoshor		
(Contact Person)		_
S H Hoshor CPA LLC		
(Fint/Company)		_
1035 S State Rd 7, Suite 313		
(Address)		_
Wellington, FL 33414		
(City/State and Zip Code)	_
For further information concerning this	s matter, please call	:
Sandra Hoshor	561	434-1655
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made pay ☐ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
		·
STREET/COURIER ADDRESS:	\	MAILING ADDRESS:
Registration Section Division of Corporations	1	Registration Section Division of Corporations
Clifton Building	1	P.O. Box 6327
2661 Executive Center Circle Tallahassee, 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)

	limited liability company as somix LLC	it appears on the records of the Florida Department
2. The Florida docu L1300013467	-	ssigned to this limited liability company is:
Paul A Folde	ır	igned or will withdraw/resign is: 7-7-17:
	ame of Person Resigning)	
	- · · · ·	e limited liability company has been notified of my
	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	