115000050290

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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BRASION OF TOPPOSITIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: SENSOO LLC	
	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
John Beno: + (Contact Person)	
(Contact Person)	
Hoston Tax Services, LLC	
Horton Tax Services, LLC (Firm/Company)	
100 Fact Shootok Rd	
(Address)	
Uneasuille, CT 06382 (City/State and Zip Code)	
For further information concerning this matter	r, please call:
John Benoit	at (203) 918 - 6132
Tohn Beno: t (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy
-STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314



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	t appears on the records of the Florida Department
of State is:	ISOO LLC	·
2. The Florida doc	ument/registration number ass	igned to this limited liability company is:
L1500	00 50290	·
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is: 12131/2016
4. I, ALEXANDR	E BOSONI	, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MANAGER		
-	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
resignation in wi	iung.	·
Signature of D	ssociating Member or Resigni	ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	22