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SECRETARY OF STATE
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COVER LETTER

Registration Section

CR2E079 (2/14)

Divis	ion of Corporations			
SUBJECT:	S & A United Investment Gr	oup, LLC		
SCHOLCI.	(Name of Lin	nited Liability Cor	npany)	_
The enclosed	I member, resignation or dissoc	iation and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
Jose E. Bu	stillo, Esq.		•	
	(Contact Person)		-	
Jose E. Bu	stillo, P.A.			SEO!
	(Firm/Company)		_	部 节
10051 Pine	es Blvd, Ste A			FILED EP-6 PH 1: 42 EFFARY OF STATE ANASSEE, FLORIDA
	(Address)		_	PH C
Pembroke	Pines FL 33024			記記
	(City/State and Zip Code)		_	
For further in	nformation concerning this matt	er, please call:		
Jose E. Bu	stillo, Esq.	954 at (885-9100	
(N	lame of Contact Person)	(Area Code	e & Daytime Telephone Numbe	er)
Enclosed ple \$25 Filing	ease find a check made payable g g Fee		Department of State for: g Fee & Certified Copy	
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

	limited liability company as A United Investment Grou		the Florida Department
2. The Florida docu	ument/registration number as	ssigned to this limited liabili	ty company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resig	gn is:
4. I, Anibal Jesus Tavarez		, hereby withdraw/resig	
(Print N	lame of Person Resigning)		
Member			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm th	e limited liability company	has been notified of my
asp	parago		SECH TALL
Signature of Di	ssociating Member or Resig	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		-6 PM 1: 47 ARY OF STATE ASSEE, FLORID