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COVER LETTER

TO:	Registration Section		· .
	Division of Corporations		
SUB.	FAS GROUP, LLC		
	(Name of L	Limited Liability Co	empany)
The e	enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Pleas	e return all correspondence concerni	ng this matter to:	:
Adelii	na Ruiz, Esq.		_
	(Contact Person)		
Law (Offices of Adelina Ruiz, PA		
	(Firm/Company)		_
800 V	/illage Square Crossing		
	(Address)		
Palm	Beach Gardens, FL 33410		
	(City/State and Zip Code)		
For f	further information concerning this m	atter, please call	:
Adeli	ina Ruiz, Esq.	561 at (402 7060
	(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)
Encl	osed please find a check made payab	le to the Florida	Department of State for:
	25 Filing Fee	□ \$55 Filir	ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section Division of Corporations
	Division of Corporations P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303



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	it appears on the records of the Florida Department
2. The Florida docu	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Member and Man	адег	
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Forans	2	
Signature of Di	issociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	