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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Business Entity Name)		
LD4-9935		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·
200 110	
SUBJECT: S04, LLC (Name of Limited Lia	bility Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member	per or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
HEIKE BUSBY	
(Name of Person)	
ALLUDE ACCOUNTING LLC	
ALLURE ACCOUNTING, LLC (Firm/Company)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3665 BONITA BEACH ROAD, STE. 3	
(Address)	<del></del> -
BONITA SPRINGS, FL 34134	
(City/State and Zip Code)	
For further information concerning this matter, please c	all:
MARENA LOEFFLER at ( 2	239 ) 992-3355
	rea Code & Daytime Telephone Number)
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
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
<b>✓</b> \$25 Filing Fee	☐\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy
CICELOTY (GIVO)	



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, RUTH LOHMANN	hereby resign as MANAGER AND MEMBER (Title)
of S04, LLC	
(Limited Liab	ility Company)
a limited liability company organized under the le	aws of the State of FLORIDA
and affirm that the limited liability company has	1101
(Signature of resigning manager	r, managing member or member)

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314