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COVER-LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPACE COAST BUSINESS	LLC	1	
(Name of Limi	ted Liability Comp	pany)	
The enclosed member, resignation or dissocia	ition and fee(s)	are submitted fo	or filling, _{Oster} .
Please return all correspondence concerning t	his matter to:	Make () ages	Walter Commence
Jason D. Slater, Esq.	Set of the first	* 1*** *	
(Contact Person)			
Rossway Swan Tierney Barry Lacey & O	liver, P.L.	S. Samera	
(Firm/Company)			
2101 Indian:River County, Suite 200	r ti.	e e vere de la	and the standard
(Address)			and the second
Vero Beach, Florida 32960 (City/State and Zin Code)	<u> </u>	···i····	er e e di e e e e
(City/State and Zip Code)	_		
For further information concerning this matter	, please call:	2 2 4	
Jason D. Slater	772 at ()	231-4440	4
(Name of Contact Person)	(Area Code &	Daytime Telepho	one Number)
Enclosed please find a check made payable to t ■ \$25 Filing Fee	the Florida Dep	artment of State ee & Certified C	o for:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

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)

1. The name of the	limited liability company as it ap	pears on the records of the	Florida Department
		p. 10	
2. The Florida doc	ument/registration number assigne	ed to this limited liability o	ompany'is:
L0600000886	5 <u>8</u>	s participation	•
3. The date this me	mber/manager withdrew/resigned	or will withdraw/resign i	April 19; 2019
Manager	e e e e e e e e e e e e e e e e e e e		ejer i a spe
, Oan o	(Print Title)	11 + 12 + 12 + 12 + 12 + 12 + 12 + 12 +	
of this limited lia	bility company and affirm the lim	ited liability company has	been notified of my
resignation in w	the August		*
Signature of D	issociating Member or Resigning	Manager	MR John Son Son
1			and a state of the
Filing Fee:	\$25.00 (Required)		•
Certified Conv	\$30.00 (Optional)		• , •