L06000007052

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
		,	
Certified Copies	ertified Copies Certificates of Status		
Special Instructions to	Filing Officer:		
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SG BACKUP SOLUTIO	
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Gonzalo Cruz	X
(Contact Person)	ECF.
SG BACKUP SOLUTIONS, LLC	2001 JAN 16 P : SECRETARY OF ST ALLAHASSEE, FLO
(Firm/Company)	Y OF SEE, FI
10451 NW 28 Street, F-101	F STATE FLORIDA
(Address)	. A
Miami, FL 33172	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Alexa Cruz	305 <u>468-3</u> 617
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of State is: SG BACKUP SOLUTIONS, LLC.	of the Fl	orida Departm	ent
2. This limited liability company was organized under the laws of: Florida	SECRETAR) TALLAHASSE	7001 JAN 16 F	_
3. The Florida document/registration number of this limited liability com L0600027052	OF STATE PARIDA	M D :: 38	
4. I, STERLING VELAZQUEZ (Print Name of Person Resigning), hereby resign as a	Memb (P	oer Mgr.	_
of this limited liability company and affirm the limited liability compan resignation in writing.	y has bee	en notified of r	ny
Signature of Mesigning Member, Managing Member or Manager			
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)			