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(Address)		
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(City/State/Zip/	Phone #)	
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## **COVER LETTER**

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TO: Registration Section Division of Corporations			
SUBJECT: S.G. CRITICAL (Name of Limi	RESPONSE SERVICES.		
(Name of Limi	ited Liability Company)		
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Wicklaus ADAM (Name of Person)	<del> </del>		
S. G. CRITICAL RESPONSE (Firm/Company)	SERVICES		
7531 COQUINA DR (Address)			
(Address)			
N. Bay VILLAGE, FL 33141 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Nicklaus Aoam	at (305) 757 - 1282 (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		
CR2E079 (8/05)	Certified Copy		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DIVISION OF CORPORATION

OF JUN -9 PM 20

# RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MARCOS LOPEZ	, hereby resign as _	MANACER (Title)	
of S. G. CRITICAL RESPONSE (Limited Liabil	SERVICES LL ity Company)	<u>c</u>	
a limited liability company organized under the laws of the State of FIORIDA,			
and affirm that the limited liability company has b	een notified in writin	g of the resignation.	
(Signature of resigning manager,	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