

LO6 0000 30688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

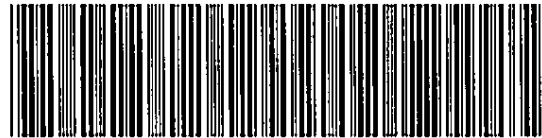
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/22/20--01005--011 **25.00

20 APR 22 PM 4: 50

FILED
C. M. M. M. R.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAMP LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Anissa Patrick

(Contact Person)

(Firm/Company)

704 Lytle St

(Address)

West Palm Beach

(City/State and Zip Code)

For further information concerning this matter, please call:

Anissa Patrick

561 234-0011
at ()
(Area Code & Daytime Telephone Number)

(Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

20 APR 22 PM 4:30

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

(Pursuant to 605.0216, Florida Statutes)

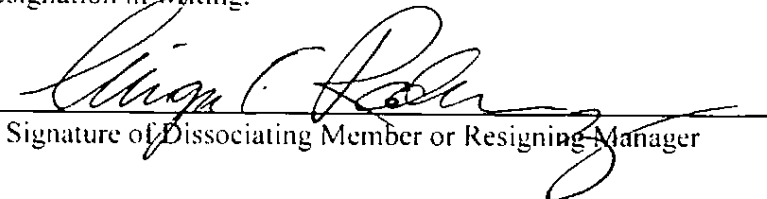
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SAMP LLC

2. The Florida document/registration number assigned to this limited liability company is:
L06000030688

3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 5, 2010

4. I, Miguel Rodriguez, hereby withdraw/resign as a
(Print Name of Person Resigning)
Managing Mbr
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)