## L06000 130200

| (Re                       | questor's Name)   |           |
|---------------------------|-------------------|-----------|
| (Add                      | dress)            |           |
| (Add                      | dress)            |           |
| (Cit                      | y/State/Zip/Phone | #)        |
| . PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                       | siness Entity Nam | ne)       |
| (D)                       |                   |           |
| (Do                       | cument Number)    |           |
| Certified Copies          | _ Certificates    | of Status |
| Special Instructions to I | Filing Officer:   |           |
|                           |                   | ,         |
|                           |                   |           |
|                           |                   | M         |

Office Use Only



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SECHETRIX OF STATE

## **COVER LETTER**

| TO: Registration Section Division of Corporations                           |  |             |
|---|--|-------------|
| SUBJECT: Signature Enterprise (Name of Limit                                | es LLC ed Liability Company)                           |             |
| The enclosed member, managing member or r filing.                           | manager resignation and fee(s) are submitted for       |             |
| Please return all correspondence concerning the                             | his matter to:   |             |
| Nathan Muniz  |  |             |
| (Contact Person)  |  |             |
| Signature Enterprises LLC   | SECR   | NF 70       |
| (Firm/Company)  | HASA ETA   | ţ           |
| P.O. Box 773642   | SSEE F   | / AM 10: 48 |
| (Address)   | LOS  | <u>Ö</u>    |
| Ocala, FL 34477   | ADA<br>TANA  | 8           |
| (City/State and Zip Code)   |  |             |
| For further information concerning this matter                              | , please call:   |             |
|   | at (_352) 573-9373                                     |             |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)                 |             |
| Enclosed please find a check made payable to \$\sqrt{1}\$\$ \$25 Filing Fee | the Florida Department of State for: \$55 Filing Fee & |             |
| ₩ 423 Fining Fee  | Certified Copy   |             |
| 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 32314                              |             |

Tallahassee, Florida 32301

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 ap<br>of State is: Signature Enterprises L |                                  | _                                       |    |
|---|----------------------------------|---|----|
| 2. This limited liability company was organized und Florida                                   | ler the laws of:<br>-            | SECRETARY OF STATE TALLAHASSEE, FLORIDA |    |
| 3. The Florida document/registration number of this L06000120200                              | limited liability company is:    | FATE<br>PRIDA                           |    |
| 4. I, Matthew Aaron Sarisky (Print Name of Person Resigning)                                  |                                  | ing Memb                                | er |
| of this limited liability company and affirm the limesignation in writing.                    | nited liability company has been | notified of my                          |    |
| Matthew A Sainky Signature of Resigning Member, Managing Member                               | per or Manager                   |   |    |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)                             |                                  |   |    |