1000011974

(Re	questor's Name)	
(Add	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
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K. SALY EXAMINER

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COVER LETTER

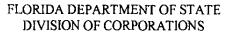
Registration Section Division of Corporations

TO:

CR2E079 (2/14)

SUBJECT: Spaoshi, Ltd. Co. (Name of Limited Liability Company)
(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:
Lorena Norwood (Contact Person)
(Contact Person)
Spaashi, Ltd. Co. (Firm/Company)
(Firm/Company)
710 W. Stetson St.
` ,
ORlando, FL 32804
(City/State and Zip Code)
For further information concerning this matter, please call:
Lorena Norwood at (407, 765-3334
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing 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







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

(Pursuant to 605.0216, Florida Statutes)

_	limited liability company as it appears on the records of the Florida Department paoshi, Ltd. Co.
of state is.	pa osni, 21 a. co.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
	0011974
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 3/28/16
4. I, 0 (C/V)	es S, Smoot, hereby withdraw/resign as a ame of Person Resigning)
M	Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
1	325
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)