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COVER LETTER

Division of Corporations				
SDS Florida West LLC SUBJECT:				
	of Limited Liability Cor	npany)		
The enclosed member, resignation or di	issociation and fee(:	s) are submitted	for filing.	
Please return all correspondence concer	ming this matter to:			
Christopher Secchiari				
(Contact Person)		_		
(Firm/Company)		_		
879 Spruce Lane				
(Address)		_		
Harleysville, PA 19438			_	
(City/State and Zip Code)				
For further information concerning this	matter, please call:		27 POP 13	
Christopher Secchiari	215 at (279-0728		,
(Name of Contact Person)		& Daytime Tele		٠,
Enclosed please find a check made paya \$25 Filing Fee		Department of St g Fee & Certified		
STREET/COURIER ADDRESS:		MAILING AD		
Registration Section Division of Corporations		Registration Se Division of Co		
Clifton Building	P.O. Box 6327	•		

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

SDS	e limited liability company as S Florida West LLC	s it appears on the records of the	Florid	a Departr	nent
2. The Florida doc L0700007698	· ·	ssigned to this limited liability co	ompar :	iy is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	11/0	9/2017	-1
4. I, Christoher X	. Secchiari	, hereby withdraw/resign as	s a·	ū ū	
Member/Man	ager		· ·	r 2:2	وسته في د
of this limited lia resignation in w		ne limited liability company has t	een n	دن	my
_	issociating Member or Resignment (Section 1988) issociating (Secti	gning Manager			
Certified Copy:	\$30.00 (Optional)				