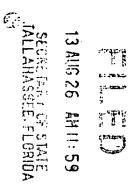
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(Re	questor's Name)				
(Add	dress)				
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(Cit	y/State/Zip/Phone	<i>→</i> #)			
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08/26/13--01018--014 **25.00

COVER LETTER

TO: Registration Section Division of Corporations

_{subject:} Sarega LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Regis F. Neary

(Contact Person

Sarega LLc

(Firm/Company)

19106 Harbor Cove Court

(Address)

Lutz

(City/State and Zip Code)

For further information concerning this matter, please call:

Regis F. Neary

_{at} 813

363-2983

(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

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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 of State is: Sa	limited liability company as i	t appears on the records	of the Florida	Depa	artment
2. This limited liab	oility company was organized	under the laws of:	SEC TALL	13.	- lalau n ar
3. The Florida doc <u>L07000095</u>	ument/registration number of 5410	this limited liability con	npany is:	IUG 26 AMI	Section of the sectio
	N, SABRINA M Jame of Person Resigning)	, hereby resign as a	MGRN	55 (itle)	. ar way
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compar	ny has been no	tified	of my
Signature of Resi	igning Member, Managing Me				
Signature of Resi	gining weimber, managing wi	ember of Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				