L08000055016

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
	—	—		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
(50	oument Number,			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer			
Special instituctions to raining Officer.				

Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: RESIGNATION OF MEI	MBER
	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:
Cristina Rivera	
(Contact Person)	
Safety Business, LLC	
(Firm/Company)	
6220 S Orange Blossom Trail, Ste	e 604
(Address)	
ORLANDO, FL 32809	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
CRISTINA RIVERA	at (407) 888-8155
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$25 Filing Fee	\$55 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	

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		it appears on the records of the Florida Department
of State is: SA	FETY BUSINESS LLO	
2. This limited liab FLORIDA	ility company was organized	under the laws of:
3. The Florida docu L08000055	=	this limited liability company is:
4. I, WAGNER	J. LIPNHARSKI	, hereby resign as a MGR
(Print Name of Person Resigning)		(Print Title)
resignation in wr	iting.	limited liability company has been notified of my
Signature of Resi	gring Member, Managing M	ember or Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	