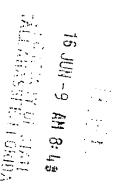


(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





06/10/16--01006---006 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: SAFETY BUSINESS LLC	
(Name of Limited Lia	bility Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
CRISTINA RIVERA	
(Contact Person)	
SAFETY BUSINESS LLC	
(Firm/Company)	
6220 S ORANGE BLOSSOM TRAIL STE 600	
(Address)	
ORLANDO FL, 32809	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
CRISTINA RIVERA	21 945-7737
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F ■ \$25 Filing Fee □ \$5	lorida Department of State for: 5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



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)

The name of the limited liability company as it appears on the records of the F SAFETY BUSINESS LLC	lorida Department
The Florida document/registration number assigned to this limited liability con L08000055016	mpany is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	05/31/2016
SEVERINA C RIVERA 4. I. hereby withdraw/resign as	а
4. I, Print Name of Person Resigning), hereby withdraw/resign as	•
AMBR	
(Print Title)	75
of this limited liability company and affirm the limited liability company has be resignation in writing.	1/05/ 64 1/05/ 64 1/05/ 64
Signature of Dissociating Member or Resigning Manager	0: 4:0 0: 4:0 0: 4:0
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	-