

**L0800011B39**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

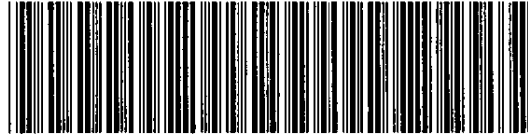
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 JUN 16 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

St. Cuthbert JUN 17 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAFI MANAGEMENT LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMON J MENENDEZ

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6032 SW 127 PL

\_\_\_\_\_  
Address

MIAMI, FL, 33183

\_\_\_\_\_  
City/State and Zip Code

SUNSHINE54@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMON J MENENDEZ

\_\_\_\_\_  
Name of Person

at ( 305 ) 878-8091

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Safi Management Company LLC

2. The Florida document/registration number assigned to this limited liability company is:

208000 111 339

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/07/15

4. I, TO PAZIO LEASING CO., hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR.  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature] TO PAZIO LEASING, President  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)