## L09000025056

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(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone #	)		
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name	)		
- (Do	ocument Number)			
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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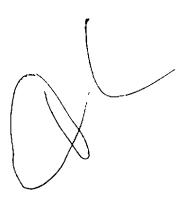
Office Use Only



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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: FIRST POINT SA LLC (Name of Limited L	inhility Company)
(Name of Limited L	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to:
Suzel Damolin	
(Contact Person)	
First Point SA LLC	2022 AUS
(Firm/Company)	
7915 East Dr 1(Office)	. 26
(Address)	
North Bay Village, FL 33141	PH 12: 21
(City/State and Zip Code)	<del></del>
For further information concerning this matter, pl	ease call:
Suzel Damolin at (	+1 305-582-7132
(Name of Contact Person) (	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ■ \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303



## 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)

					022
1. The name of the	limited liability company a	is it appears on the rec	ords of the Flor	ida Dep	and ment
of State is: FIRST	FPOINT SA LLC				326
2. The Florida docu L09000025056	ument/registration number a	assigned to this limited	d liability comp	any is:	PH 12: 21
3. The date this me	mber/manager withdrew/re	signed or will withdra	w/resign is:	22/22	
	<b>T</b> .				
(Print N	IA  Tame of Person Resigning)	<del></del>	C		
AMBR					
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm titing.	he limited liability con	mpany has been	notifie	d of my
Signature of D	issociating Member or Resi	gning Manager		) j	11)
			P	IM	V'V' \
_	\$25.00 (Required) \$30.00 (Optional)				