# 109000070079

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ALLAHASSEE FISIALE



#### **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

SUBJECT: THE SOFYT GROUP 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:

#### **ENRIQUE ERAUSQUIN**

(Contact Person)

#### THE SOFYT GROUP LLC

(Firm/Company)

7750 SW 117th Ave., Suite 205

(Address)

MIAMI, FL 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

ENRIQUE ERAUSQUIN ... 561

(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

	nited liability company as i	t appears on the records of the Flo	rida Dep	oartm	ient
2. This limited liability FLORIDA	y company was organized	under the laws of:	EGRETARY OF STA	8 NOV -8 PM	FILED
3. The Florida docume L0900070079	<del>-</del>	this limited liability company is:	ATE AIDA	ယ္ သ သ	
4. I, SOFIA DETR	Y	, hereby resign as a MGRM			
(Print Name of Person Resigning)		(Print Title)			
of this limited liabili resignation in writin	g. At III	limited liability company has bee	n notifie	d of	my
	ng Member, Managing M	ember or Manager			
<del></del>	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				