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(Requestor	's Name) .			
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SECRETARY OF STATE
TALLAHASSEF, FICEISA

COVER LETTER

Division of Corporations	• .
SUBJECT: SERUISTAR ASSET PRE. (Name of Limited Liability Co.)	SELVATION LLC
(· · · · · · · · · · · · · · · · ·	
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter t	o:
JESSE Taylor (Contact Person)	
(Contact Person)	
SEQUISTAR ASSET PRESERVATION	
(Firm/Company)	Fê 3
SKRUISTAR ASSAT PRESERVATION (Firm/Company) 11445 49 th St. N. (Address)	TEB T
(Address)	∞ <u></u>
West Palm beach, FL.33 (City/State and Zip Code)	
For further information concerning this matter, please ca	II:
TESSE Taylor at (561 (Name of Contact Person) (Area Co	574-3752 de & 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:	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

	limited liability company as	• •	of the Florida De	partment
2. This limited liab	ility company was organized	under the laws of:	TALL	2011
_	ument/registration number of	×	pany is: ARY OF C	ZOILFEB 18 AM
(Print N of this limited liab	ame of Person Resigning) polity company and affirm the		(Print _i Titlé)	රේ
Signature of Resi	gning Member, Managing M	ember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			