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(Re	equestor's Name)		
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SECRETARY OF STATE
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SECRETARY OF

D. SCOTT FEB 2 8 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SUZZDEES ACCESS (Name of Limite	d Liability Company)
The enclosed member, resignation or dissociation	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
SAMES GALUEN (Contact Person)	
(Contact Person)	
BUTCHERS ACCESS (<u>''</u>
(Firm/Company)	
//019 WESTLIND LAKE (Address)	<u> </u>
MTAUI (City/State and Zip Code)	
For further information concerning this matter,	please call:
SAMES GAWAN :	nt (305) 505 93 ¥ /
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to to \$25 Filing Fee	the Florida Department of State-for:
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section 54 -
Division of Corporations	Division of Corporations
Clifton Building	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)

1. The name of the	limited liability company	as it appears on the records	s of the Florida Department
of State is:	UTIDERS ACCESS	LC	•
	ument/registration number	assigned to this limited lia	bility company is:
3. The date this me	ember/manager withdrew/r	esigned or will withdraw/re	esign is: 2/20/) 7
	VICIA GOVET Name of Person Resigning)	, hereby withdraw/r	resign as a
MANUGER	(Print Title)		
of this limited lia resignation in wr		the limited liability compa	ny has been notified of my
Sy	Lag		TALLY TALLY
Signature of D	issociating Member or Res	signing Manager	EB 27 ABSSS
	\$25.00 (Required) \$30.00 (Optional)		PAR 1: 24 PAR 1: 24 PAR STATE E. FLOWID