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## COVER LETTER

Division of Corporations	
SUBJECT: Spring Warrior Holdings, L.L.C. (Name of Limited Liability Com	pany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Eugene Francavilla (Contact Person)	
Spring Warrior Holdings, L.L.C. (Firm/Company)	
27 N. Pennock Lane, Suite 205 (Address)	
Jupiter, FL 33458	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Eugene Francavilla at ( 561 (Name of Contact Person) (Area Code	) 575-2288 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D  □ \$25 Filing Fee □ \$55 Filing	epartment of State for: 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 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 of the Florida Department
of State is:	Spring Warrior Holdings, L.L.C.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L10000083537	,
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is:11/22/17
	ame of Person Resigning)
Manager Mem	Trint Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
>-	
Signature of Dis	ssociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)