# L10000/19/16

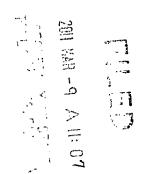
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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# **COVER LETTER**

Division of Corporations
SUBJECT:  SUBJECT:  Name of Limited Liability Company  DOCUMENT NUMBER:  L/0000/19/1/6
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SUSAN VARDY Name of Person
SASY'S, LLO Name of/Firm/Company
PD Box 817 Address
Lacoochie F1. 33537
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jusan Yandy at (727) 804 - 2014 Name of Person at (727) Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

## MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of se	ction 608.416(2) or 608.509, Flo	orida Statutes, the undersigned	ب ري
SHARON	ANDERSON	, hereby resigns as	
Name o	f Registered Agent		
Registered Agent for	SASYS, LLC	? 	الله في الله
	• /		
	Name of Limited Liability Compa	ny	
L10000/19	116		3
Document Number, if I	known		•
A copy of this resignation was r	nailed to the above listed limited	d liability company at its last l	known address.
The agency is terminated and th	e office discontinued on the 31s	at day after the date on which t	this statement is filed.
<u> </u>	haven And Signature of Resign	MADU ing Agent	
If signing on behalf of an entity:	•	,	
	SHARON F	Anderson	
/	Reg. Typed on Printed Name	4	
	U Capacity		

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314