

L110000091716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

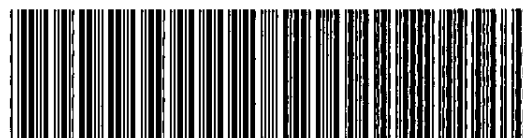
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200212934592

10/06/11--01015--022 **25.00

FILED

11 OCT -6 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT -7 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SARAVI INVESTMENT 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:

CRISTINA RIVERA
(Contact Person)

SAFETY BUSINESS LLC
(Firm/Company)

6220 S ORANGE BLOSSOM TRAIL 604
(Address)

ORLANDO, FL 32809
(City/State and Zip Code)

For further information concerning this matter, please call:

CRISTINA RIVERA at (407) 888-4747
(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



FILED
11 OCT -6 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

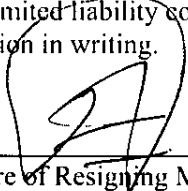
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SARAVI INVESTMENT LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L11000091716

4. I, FABIAN BERASTEGUI, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)