L1200000387(

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
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UAN = 8 2014 T. BROWN

COVER LETTER

10;	Division of Corporations

SUBJECT: SAVVY SOLUTIONS, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

VINCENT P. MORREACE
(Contact Person)
SAVUY SOLUTIONS, LLC
(Firm/Company)
5817 NW 119 TERRACE
(Address)
CORAL SPRINGS FL 33076 (City/State and Zip Code)
(City/State and Zip Code)

For further information concerning this matter, please call:

VINCENT	P. MORREALE	at (561) 405-8516
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

2 \$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

CR2E079 (12/13)







RESIGNATION OR DISSOCIATION OF MEMBER, 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:
2. The Florida document/registration number of this limited liability company is: L/20000387/
3. The date this member withdrew or will withdraw is: MAY 1, 2013 4. I, SCAN AHLBORN-PANCBIANCO, hereby resign as a MANAGING MCHARM (Print Title) (MGRM) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning or Dissociating Manager, Member

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)