

#L12000008227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 10 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOURCE INTERNATIONAL GROUP, 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:

BARBARA A. COHEN
(Contact Person)

(Firm/Company)

5357 SW 183 Avenue
(Address)

MILWAUKEE, FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

Philip Cohen at (305) 801-2201
(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 &

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**



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: SOURCE INTERNATIONAL GROUP LLC.

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

L 1200000 8227.

3. The date this member withdrew or will withdraw is: January 27, 2014

4. I, BARBARA A. COHEN, hereby resign as a MGPM
(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.

Barbara A. Cohen

Signature of Resigning or Dissociating Manager, Member

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