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(Requestor's Name)				
(Address)				
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: SITTON BROTHER LLC			
	(Name of Limited Liability Company)			
The er	nclosed member, resignation or dissocia	ation and fee(s	e) are submitted for filing.	
Please	e return all correspondence concerning t	his matter to:		
MAIR	SITTON			
	(Contact Person)	···	_	
SITTON BROTHER				
	(Firm/Company)		_	
1966	7 TURNBERRY WAY 14F			
	(Address)			
AVEN	NTURA, FL, 33180			
	(City/State and Zip Code)		-	
For fu	rther information concerning this matte	r, please call:		
MAIR	SITTON	+507 at (66130015	
	(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 \$\sum \frac{1}{2}\$\$ \$55 Filing Fee & Certified Copy				
	ET/COURIER ADDRESS:		MAILING ADDRESS:	
_	tration Section		Registration Section Division of Corporations	
	on of Corporations n Building		P.O. Box 6327	
	Executive Center Circle		Tallahassee, Florida 32314	
Tallah	assee, Florida 32301		,	

CR2E079 (2/14)



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

(Pursuant to 605.0216, Florida Statutes)

	FON BROTHER LLC	as it appears on the records of the Florida Department
2. The Florida doc L1200004323	•	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
4. I, EVELYN SA	FDIEH	, hereby withdraw/resign as a
Print N AUTHORIZE	lame of Person Resigning) D MEMBER	
	(Print Title)	•
of this limited lia resignation in wr		the limited liability company has been notified of my
	- h//	
Signature of D	issociating Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	