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(Ad	dress)	
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(Cit	y/State/Zip/Phone	#0
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PICK-UP	☐ WAIT	MAIL
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C. LEWIS AUG 27 2014 EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: (Firm/Company) 2441 WSR 426 81031
(Address)

Objecto, FL 32765 For further information concerning this matter, please call: of Contact Person) at (407) 304 0500 (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy **♀** \$25 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

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lim	ited liability company as it appears on the records of the Florida Department
of State is:	erulean Sas, LLC
2. The Florida docume	nt/registration number assigned to this limited liability company is:
412000	051834
3. The date this memb	er/manager withdrew/resigned or will withdraw/resign is: 8/22/14
4. I, (Smit	hereby withdraw/resign as a
Connie	Dawson Toft /managing Momber not Title)
of this limited liability	cy company and affirm the limited liability company has been notified of my
Signature of Disso	ciating Member or Resigning Manager
•	\$25.00 (Required) \$30.00 (Optional)
Certifica Copy.	