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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SEP 2 5 2012

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sofe Huse Us LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted fo filing.
Please return all correspondence concerning this matter to:
Michael DePena (Contact Person)
•
(Firm/Company)
(Address)
(Address)
Miami fl 33155
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael Delena at (305), 307 3005
(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 \$
Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as i Safe, House US		of the Florida	Depa	rtment
2. This limited liabili Florida	ty company was organized				
3. The Florida docum	nent/registration number of t	this limited liability com	pany is:		
,	andra Antic ne of Person Resigning) lity company and affirm the		,	-	of my
resignation in writing		minted natimity compan	y has occir no	mea	Of Illy
AA				·	
Signature of Resign	ning Member, Managing Me	ember or Manager	Marine W. Salama 1 N		므
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			12 SEP 24 AH	SEGRETARY OF IVISION OF CORPC