

From: Leslie Perryman
8/11/2021

Fax: 14078411200

To:

Fax: (850) 617-6383

Page: 1 of 2

08/11/2021 10:13 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: timoroussheep@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SP OFFICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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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 limited liability company as it appears on the records of the Florida Department of State is: SP Offices LLC

2. The Florida document/registration number assigned to this limited liability company is:
L12000060340

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Aug. 3rd, 2021

4. I, Tere Hwang, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of resignation in writing.

A handwritten signature in cursive script, appearing to read "Tere Hwang", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

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FLORIDA

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