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COVER LETTER

SUBJECT: (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: For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS:**

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section
Division of Corporations



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 I	iability company as it appears on the records of the Florida Department
of State is: Sim Co	AST LEGGE SOLUTIONS LLC
2. The Florida document/rep	gistration number assigned to this limited liability company is:
L 12000 10357	<u>L</u>
3. The date this member/ma	nager withdrew/resigned or will withdraw/resign is:
4. I, W. DONALD Co	FFMAN, JR., hereby withdraw/resign as a rson Resigning)
MANAGER (Print Title	<u> </u>
of this limited liability cor resignation in writing.	npany and affirm the limited liability company has been notified of my
WIM	
Signature of Dissociatin	genember or Resigning Manager
•	00 (Required) 00 (Optional)