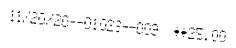
L12000115751

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phon	e #)				
PICK-UP WAIT	MAIL				
(Business Entity Na	me)				
(Document Number)					
Certified Copies Certificate	s of Status				
Special Instructions to Filing Officer:					
	}				

Office Use Only



400355443744





9. YOUNG

COVER LETTER

TO:		stration Section ion of Corporations					
SHRI	ECT:	Sioux LLC					
3000	LC1.	(Name of Limited Liability Company)					
The e	nclosed	l member, resignation or dissocia	tion and fee(s) are submitted for filing.			
Please	e returr	all correspondence concerning the	nis matter to:				
Pedro	Sebastia	n Bruno		_			
		(Contact Person)					
Sioux	LLC						
		(Firm/Company)		-			
5555 (Collins A	Ave 12 B					
		(Address)					
Miam	i Beach.	FI 33140					
		(City/State and Zip Code)		_			
For f	urther i	nformation concerning this matte	r. please call:				
Pedro	Sebastia	an Bruno	786 at (663-0737			
	()	Name of Contact Person)		& Daytime Telephone Number)			
	osed pl 25 Filir	ease find a check made payable to ig Fee	the Florida I	Department of State for: g Fee & Certified Copy			
i	Reg Divi P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			



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 a	as it appears on the record	s of the Florida Department		
of State is: Sioux	LLC		··		
2. The Florida docu L12000115751	ument/registration number a	assigned to this limited lia	bility company is:		
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/re	8/25/2020 esign is:		
Padro Sabactian	Remo		, hereby withdraw/resign as a		
MGRM					
	(Print Title)				
of this limited lia resignation in wr		the limited liability compa	ny has been notified of my		
Signature of Di	ssociating Momber of Resi	gning Manager	P		
~	\$25.00 (Required) \$30.00 (Optional)		6; 3 +		