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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ					
(Name of Limited Liability Company)					
The er	nclosed member, resignation or dissoc	iation and fee((s) are submitted for filing.		
Please	e return all correspondence concerning	this matter to	:		
SALA	MA, SAMUEL				
	(Contact Person)		_		
SD18	& ASSOCIATES, L.L.C.				
	(Firm/Company)		_		
19052	2 N.E. 26TH. COURT				
	(Address)				
AVEN	NTURA, FL. 33180				
	(City/State and Zip Code)	***	_		
For fu	rther information concerning this matt	ter, please call:	:		
SALA	MA, SAMUEL	786 at (4232353		
	(Name of Contact Person)	\	e & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy					
	ET/COURIER ADDRESS:		MAILING ADDRESS:		
_	ration Section on of Corporations		Registration Section		
	on of Corporations n Building		Division of Corporations P.O. Box 6327		
2661 E	Executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



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)

	e limited liability company as it a	appears on the records of the Florida Department
	ument/registration number assig	ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign ANNAH Name of Person Resigning)	ed or will withdraw/resign is: 01/01/2017, hereby withdraw/resign as a
MANAGER N		
of this limited lia resignation in wr		mited liability company has been notified of my
∠ Hayya Signature of D	issociating Member or Resigning	g Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	