3000023005

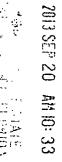
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. SAULSBERRY EXAMINER SEP 20 2013

COVER LETTER

Division of Corporations		
SUBJECT: Strategic Allice	INCE Group, LLC I Liability Company)	
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for	
Please return all correspondence concerning thi	s matter to:	
Lorissa Fredmoski (Contact Person)		
Stratagic Alliance Group,		
1470 NE 123rd St. Apt. 308	20	
North Miami, FL 3310 (City/State and Zip Code)	O\	
For further information concerning this matter,	please call:	
(Name of Contact Person)	t (305) 1019-1137 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to t \$25 Filing Fee	-	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it appears on the record	s of the Florida Department
2. This limited liabi	lity company was organized under the laws of:	·
3. The Florida docu	ment/registration number of this limited liability co	mpany is:
•	hereby resign as a sume of Person Resigning) illity company and affirm the limited liability companies	(Print Title)
Larissa	gning Member, Managing Member or Manager	2013 SEF 20
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	AH D: 33