## ·U3000038966

Ψ.

(R	Requestor's Name)		
(A	oddress)		
(A	Address)		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	Office Use Only		



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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT APR 19 2017

## COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: SG Global Reach LLC		
(Name of Limit	ed Liability C	ompany)
The enclosed member, resignation or dissociate	tion and fee	e(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to	):
Glenn E Wiggle		
(Contact Person)		
SG Global Reach LLC		
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	 
7594 Rozzini Ln		E P
(Address)		
Naples, FL 34114		Ha z
(City/State and Zip Code)		
For further information concerning this matter	r, please cal	l:
Glenn E Wiggle	716	481-9082
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable to \$\bigset\$ \$25 Filing Fee	the Florida  \$55 Fili	Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Evecutive Center Circle		Tallahassee, Florida 32314

Tallahassee, Florida 32301

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)

	limited liability company a	as it appears on the records of the Florida Department
2. The Florida doc L1300003896	_	assigned to this limited liability company is:
3. The date this me	n	esigned or will withdraw/resign is: 12/31/14  , hereby withdraw/resign as a
	lame of Person Resigning)	, hereby withdraw/resign as a Company of the second
Manager Mer	mber	32 一 厂
	(Print Title)	SERVICE TO THE SERVIC
of this limited lia resignation in wr		the limited liability company has been notified of my
X	0	
Signature of D	issociating Member or Resi	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	