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(Requestor's Name)		
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PICK-UP		MAIL
(Business Entity Name)		
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Certified Copies Certificates of Status		
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 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:

Sandra Wiseman

(Contact Person)

Sandy Acquisitions LLC

(Firm/Company)

PO Box 1896

(Address)

Sarasota, FL 34230

(City/State and Zip Code)

For further information concerning this matter, please call:

 Sandra Wiseman
 941
 284-5014

 (Name of Contact Person)
 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

P.O. Box 6327

Tallahassee, Florida 32314

Division of Corporations

MAILING ADDRESS:

Registration Section



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)

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: _____
- 2. The Florida document/registration number assigned to this limited liability company is: L13000091583
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
- 4. I, WINDY M. HODGE

(Print Name of Person Resigning) , hereby withdraw/resign as a

MGRM

1

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

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Signature of Dissociating Member of Resigning Manager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)

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CR2E079 (2/14)