

L13000114471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 FEB 27 PM 3:03
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MAR - 3 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAES GROWTH, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000114471

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTOR MAGIDES

Name of Person

Name of Firm/Company

7150 SW 9th ST

Address

Miami/ FL 33144

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Magides

Name of Person

at (**305**) **299-5243**

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. ✓

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CARIDAD ESCOBAR

, hereby resigns as

Name of Registered Agent

Registered Agent for **SAES GROWTH, LLC**

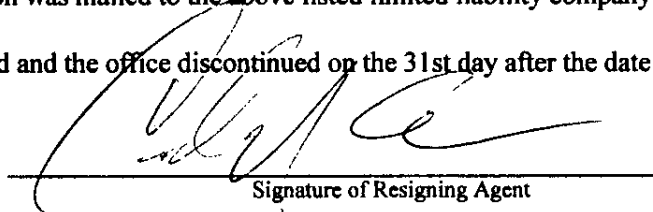
Name of Limited Liability Company

L13000114471

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
2014 FEB 27 P 3:03
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314