

L13000121528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

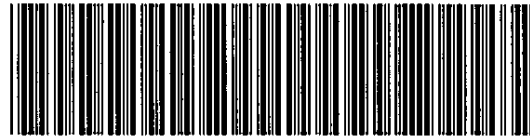
(Business Entity Name)

(Document Number)

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JUN 23 11 41  
16 JUN 23 11 41

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@ 7.10.14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPERE CONSULTANTS, LLC  
(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:

Connie J Brazier  
(Contact Person)

SPERE CONSULTANTS, LLC  
(Firm/Company)

5950 SW 80 STREET  
(Address)

Miami, Florida, 33143  
(City/State and Zip Code)

For further information concerning this matter, please call:

Connie Brazier at (305) - 903-7918  
(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

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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:

**SPERE CONSULTANTS, LLC**

2. The Florida document/registration number assigned to this limited liability company is:

**L13000121528**

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

**JUNE 23, 2014**

4. I, **STEPHEN SANTIAGO, SOLE SHAREHOLDER OF EXIUM, LLC** hereby withdraw/resign as a: **MEMBER** of **SPERE CONSULTANTS, LLC**.

*(Print Name of Person Resigning / (Print Title)* **STEPHEN SANTIAGO, MEMBER**

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

Signature of Dissociating Member or Resigning Manager



Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)

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FLORIDA DEPARTMENT OF STATE  
16 JUN 23 PM 4:17