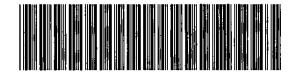
# L13000136228

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

Office Use Only



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MOLIVES SHOWN OF MOUSIANS

C. LEWIS

AUG 4 2011-4

#### **COVER LETTER**

Division of Corporations	
SUBJECT: SAX LLC (Name of Limit	
(Name of Limit	ed Liability Company)
The enclosed member, resignation or dissociate	
Please return all correspondence concerning the	nis matter to:
Shaw MASSey (Contact Person)	
(Contact Person)	
SAX LLC (Firm/Company)	
(Firm/Company)	
6008 14th St west (Address)	
(Address)	
BIAdental Planida 3 (City/State and Zip Code)	4207
(City/State and Zip Code)	
For further information concerning this matter	
Sh And MASS 27 (Name of Contact Person)	at (941 ) 720-6697
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$\square\$\$ \$\\$55 \text{Filing Fee & Certified Copy}\$\$

#### STREET/COURIER ADDRESS:

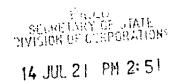
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

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 of State is:	limited liability company as it appears on the records of the Florida Depart	tment
2. The Florida doc	ment/registration number assigned to this limited liability company is:	
2 1300	7136228	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	4
	hereby withdraw/resign as a ame of Person Resigning)	4
mense	Prini Title)	
of this limited lia resignation in wr	pility company and affirm the limited liability company has been notified of ting.	f my
Signature of	ssociating Member of Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	