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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SAPPER INVESTIGATION (Name of Limited L	Sation Services, Lec
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to:
Teresa J. VILA (Contact Person)	
(Contact Person)	
SAPPU (Firm/Company)	
(Firm/Company)	
6911 S.w. 1 Ca	DURT
(Address)	
MARgate, FL 33013 (City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Teacs A J. VIIA at (Name of Contact Person)	954 974-1139 Area Code & Davtime Telephone Number)
Epclosed please find a check made payable to the	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

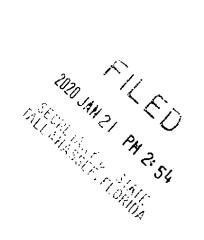
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassce, FL 32314







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the li	mited liability company as it appears on the records of the Florida Department
of State is:SP	APPER INJUSTIGATION SCRUICES LLC
	nent/registration number assigned to this limited liability company is:
3. The date this men	ber/manager withdrew/resigned or will withdraw/resign is: $\frac{\sqrt{27}}{2020}$
4. I, DAV 10 (Print Nar	A. Ku PPLAMAN, hereby withdraw/resign as a me of Person Resigning)
Dipe	otor
· ·	lity company and affirm the limited liability company has been notified of my
Signature of Diss	ociating Member or Resigning Manager
/ Filing Fee:	\$25.00 (Required)
Certified Copy:	