

L13000162851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Resignation

FEB 18 2020  
I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAPPER Investigation Services, 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:

Teresa J. Vila  
(Contact Person)

SAPPER  
(Firm/Company)

6911 S.W. 1 Court  
(Address)

MARGATE, FL 33013  
(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa J. Vila at ( 954 ) 974-1139  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

**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: SAPPER Investigation Services LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L13000162851
3. The date this member/manager withdrew/resigned or will withdraw/resign is: SEP 7, 2020
4. I, DAVID A. KUPPERMAN, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Director  
(Print Title)

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)