## LIA (000037662

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name	e)		
(Document Number)				
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2022 FEB | 15 | AH | 10: 5

## **COVER LETTER**

	istration Section sion of Corporations	
SUBJECT	SAS INVESTMENTS, LLC	
		mited Liability Company)
The enclose	ed member, resignation or disso-	ciation and fee(s) are submitted for filing.
Please retur	n all correspondence concernin	g this matter to:
Daniel Wagne	er, Esq.	
	(Contact Person)	
Daniel Wagn	er, P.A.	
-	(Firm/Company)	
20807 Biscay	ne Blvd., Suite 201	
	(Address)	
Aventura, FL	33180	
	(City/State and Zip Code)	
For further	information concerning this ma	tter, please call:
Daniel Wagn	er, Esq.	305 9197788 at ()
(	Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed p		e to the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
Reg Div P.O	ling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, 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

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	it appears on the records	of the Florida Department
2. The Florida docu	ment/registration number as	signed to this limited liab	ility company is:
L14000033662		·	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/res	sign is: 2/9/2022
4. I, ANGEL SANTOS  (Print Name of Person Resigning)		, hereby withdraw/resign as a	
(Print N MEMBER AND			
	(Print Title)		
of this limited lial resignation in wr	pility company and affirm the	e limited liability compan	y has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	2022 FEB
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		15
			#11 10: