L14000051900

(Re	equestor's Name)
(A	ddress)
(Ac	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	2

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SIGNATURE BROKERS, LL	.C	
	ited Liability C	ompany)
The enclosed member, resignation or dissocia	ation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to) :
ROBERT ALEX SOUZA		
(Contact Person)		
SIGNATURE BROKERS, LLC		
(Firm/Company)		
944 DEAN WAY		
(Address)		
FORT MYERS, FLORIDA 33919		
(City/State and Zip Code)		_
For further information concerning this matter	r, please cal	1:
ROBERT ALEX SOUZA	239 at (222-1661
(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number
Enclosed please find a check made payable to □ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



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: SIGNATURE BROKERS, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L14000051963
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I,, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR
(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

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: