

L140000058306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300269332073

02/13/15--01013--016 \*\*25.00

FILED

15 FEB 20 AM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APM  
2-23-15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SGS Performance Partners

(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:

Kevin Sweeney

(Contact Person)

SGS Performance Partners

(Firm/Company)

10011 Oakhurst Way

(Address)

Fort Myers, FL 33913

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Sweeney

(Name of Contact Person)

at 302 598-4311

(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

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 20 AM 1:40

FILED



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
15 FEB 20 AM 1:40  
SECRETARY OF STATE  
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: SGS Performance Partners

2. The Florida document/registration number assigned to this limited liability company is:  
L14000058306

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/25/15

4. I, Takis P. Gavoyannis, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(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)