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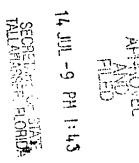
(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Real M&A.

COVER LETTER

Division of Corporations	
SUBJECT: Sust Right San. Name of Limited Liab	tor, 2 Service (1)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to:
Barbara McFarland (Contact Person)	<u> </u>
(Firm/Company)	
125 Ray RJ (Address)	
Dully (City/State and Zip Code)	
For further information concerning this matter, plea	
Barbara McFarland at (An (Name of Contact Person)	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F □ \$25 Filing Fee	lorida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabasses, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (12/13)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 5

		Saninoral		da Department
2. The Florida docume	ent/registration numb	per of this limited liabilit	y company is:	
3. The date this memb	er withdrew or will w	withdraw is: \(\frac{1}{\alpha}	<u> </u>	
4. 1, Barbaro	٨	hereby resign	as a Marin	nt Title)
of this limited liabilities resignation in writing	•	m the limited liability co	ompany has been	notified of my
Buhun Signature of Resig	Th Gulu J gning or Dissociating	Manager, Member	-	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (12/13)