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C. 415/15

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SAFE POIN	NT CONSULTING	3 LLC
	Limited Liability Com	pany)
The enclosed member, resignation or diss	sociation and fee(s)	are submitted for filing.
Please return all correspondence concerni	ing this matter to:	
Laan Izidoro		
(Contact Person)		•
Safe Point Consulting LLC		
(Firm/Company)		•
12911 Sawgrass Pine Circle		
(Address)	***	•
Orlando, FL 32824		
(City/State and Zip Code)		-
For further information concerning this m	natter, please call:	
Laan Izidoro	407 at (242-0666
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301



FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

15 APR 13 PM 3: 52

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: SA	FE POINT CONSULTING	LLC
2. The Florida doc	-	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:12/31/2014
4. I, RITA IZIDORO (Print Name of Person Resigning)		hereby withdraw/recian as a
(Print N	ame of Person Resigning)	, hereby withdraw/tesign as a
Authorized I	Member	
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company has been notified of my
Signature of D	issociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
CR2E079 (2/14)		