L14000.128409

(Requestor's Name)			
(Address)			
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TALLAHASSEE, FLORIDA

LCC M/MGR RESISO

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DARIO & BASSAN LLC			
(Name of Limited Liability Company)			
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:		
CRISTINA RIVERA			
(Contact Person)			
SAFETY BUSINESS LLC			
(Firm/Company)			
6220 S ORANGE BLOSSOM TRL STE	600		
(Address)			
ORLANDO, FL 32809			
(City/State and Zip Code)	 		
For further information concerning this matter, please call:			
CRISTINA	407 888-4747		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2} \\$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

CR2E079 (2/14)

FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

14 OCT 14 PH 2: 20



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)

	e limited liability company as it	appears on the records of the Florida Department
2. The Florida doc L1400012840		ned to this limited liability company is:
3. The date this m	ember/manager withdrew/resign	ed or will withdraw/resign is:
4. I, JOSEANE A. SUAREZ DA SILVEIRA, (Print Name of Person Resigning)		
	Name of Person Resigning)	
MBR	(Print Tule)	
of this limited lize resignation in w	• •	imited liability company has been notified of my
Signature of D	issociating Member or Resignin	g Manager
	\$25.00 (Required)	
сегиней сору.	\$30.00 (Optional)	