

(R	Requestor's Name)			
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(A	ddress)			
(C	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Santos Together, LLC		
(Name	of Limited Liability Con	npany)
The enclosed member, resignation or c	dissociation and fee(s	a) are submitted for filing.
Please return all correspondence conce	erning this matter to:	
CATERINA SCIRE		
(Contact Person)		-
(Firm/Company)		
2577 MAYFAIR LANE		
(Address)		
WESTON, FL 33327	wanes in the second	Paragonal Assignments and Cambridge Control of the Cambridge Control of
(City/State and Zip Code	:)	_
For further information concerning thi	s matter, please call:	
RENE E COTO, ESQ	305 at (777-0740
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made pay \$25 Filing Fee		Department of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section.
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327
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)

	NTOS TOGETHER LLC	it appears on the records of the Florida Department
2. The Florida doc L1500002525	-	signed to this limited liability company is:
MADIA V/ 7A	DATE	gned or will withdraw/resign is: 12/31/2015
	lame of Person Resigning)	, hereby withdraw/resign as a
MGR	(Print Title)	
of this limited lia resignation in w		e limited liability company has been notified of my
1	bulletor	
Signature of D	issociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (2/14)

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