45000037119

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S. WARREN JUN 2 6 2017

COVER LETTER

TO: Registration Section **Division of Corporations** SANDERS MARTIAL ARTS, LLC SUBJECT: (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: JORGE ALSINA (Contact Person) SANDERS MARTIAL ARTS, LLC (Firm Company) 1375 SHOTGUN RD (Address) SUNRISE, FL 33326 (City/State and Zip Code). For further information concerning this matter, please call: JORGE ALSINA (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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)

L15000037119	ient/registration nameer	assigned to this infined nationary	of State is: SANDERS MARTIAL ARTS, LLC 2. The Florida document/registration number assigned to this limited liability company is:				
			company is.				
3. The date this mem	ber/manager withdrew/re	esigned or will withdraw/resign	JUN, 06, 2017				
4. 1. IVAN SANDERS (Print Name of Person Resigning)		, hereby withdraw/resign	n as a				
(Print Nan MANAGER	ie of Person Resigning)						
(P)	int Tule)						
of this limited liabil resignation in writin		the limited liability company ha	as been notified of my				
JANO.	ENSTO						
Signature of Diss	ociating Member or Resi	gning Manager					
	//		22 77				
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		7 JUN 23				