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FEB 1 9 20:7 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Superment westments (C) (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:			
(Contact Person)			
(Firm/Company)			
7513 174 Way A			
City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (727) 688 9656 (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314			

Tallahassee, Florida 32301

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)

1. The name of the	limited liability company as it appears on the record	s of the Florida Department
of State is:	Sufacman investments	
2. The Florida doc	ument/registration number assigned to this limited lia	ability company is:
	.15000053621	
3. The date this me	ember/manager withdrew/resigned or will withdraw/r	resign is: 2/12/18
4. I,		
Acthori MAN.	real e (Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability compa	•
resignation in wi	rung.	1 (E)
U	Elle Mart	50 F
Signature of D	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	460 Au 2 140
~	\$30.00 (Optional)	