(Req	uestor's Name)					
(Address)						
(Add	ress)					
(City,	/State/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Bus	iness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						

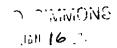
Office Use Only



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## **COVER LETTER**

TO: Regis	stration Section ion of Corpo			
SUBJECT:	Sirius	Business	Advisors,	LLC
		(Name of	Limited Liability C	Company)
The enclosed	l member, res	ignation or diss	ociation and fee	e(s) are submitted for filing.
Please return	all correspor	ndence concerni	ng this matter to	o:
Richa	and L	eaL_		<del></del>
	(Firr	n/Company)		
9485	5W -	70 + 51 ddress)	reet	
		te and Zip Code)		
			atter, please cal	1:
Richar	d Le	t Person)	at ( 305	) 962- 7432 de & Daytime Telephone Number)
	ase find a che		le to the Florida	Department of State for: ng Fee & Certified Copy
STREET/CO Registration S Division of C Clifton Build 2661 Executi Tallahassee.	Section Corporations ing ve Center Ci	rele		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

5

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

<u>i.</u>

1. The name of th	ne limited lia	bility company as	it appears on the	records of the Florida Department
of State is:	Sirius	Business	Advisors,	uc.
2. The Florida do	cument/regis	stration number a	ssigned to this lim	ited liability company is:
L15 00	006021	0		
3. The date this m	nember/mana	ger withdrew/res	igned or will with	draw/resign is: $01/01/2019$
4. 1. Rich	Nard l Name of Perso	LeaL n Resigning)	, hereby with	ndraw/resign as a
		· · · · · · · · · · · · · · · · · · ·		
of this limited li resignation in w		any and affirm th	e limited liability	company has been notified of my
Ril	f	L		
Signature of I	Dissociating	Member or Resig	ning Manager	<del></del>
Filing Fee:				
Certified Copy:	\$30.00	(Optional)		