## ·L15000068127

(Requestor's Name)				
(reduction a reality)				
(Address)				
( tadiess)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500296975345

03/28/17--01005--024 \*\*25.00

FILED

17 MAR 27 PM 3 15
SECRETARY OF STATE
ANNASSEE, FLORIDA

D. SCOTT MAR 2 8 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Soffer Sapp, LLC	Linia de Linia Company
(Name of	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:
Robert M. Sapp	
(Contact Person)	
(Firm/Company)	
2825 NE 24 Court	
(Address)	
Fort Lauderdale, FL 33305	
(City/State and Zip Code)	بم.
For further information concerning this m	at ( 312 ) 848-0342  (Area Code & Daytime Telephone Number)  le to the Florida Department of State for:
Robert M. Sapp	at (_312)848-0342
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	le to the Florida Department of State for:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building	P.U. BOX 0327

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 a	s it appears on the records of	of the Florida Department
of State is:	Soffer Sapp, LLC		·
2. The Florida doc	ument/registration number a	assigned to this limited liabi	lity company is:
L150000	068127		
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resi	gn is: March 23, 2017
	M. Sapp Jame of Person Resigning)	, hereby withdraw/res	ign as a
Memb	er (Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability company	has been notified of my
Signature of D	iskociating Member or Resig	gning Manager	新 27 RETAR Allass
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		COF STATE