FROM: TO:8506176383 05/01/2018 16:27:37 #462

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000137119 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ARISTA LAW & TAX

Account Number : I20040000182

Phone

: (305)444-7662

Fax Number

: (305)444-7275

**Enter the email address for this ousiness antity to be used for future annual report mailings. Enter only one email address please

LLC REGISTERED AGENT RESIGNATION SOGAMA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H18000137119 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.0115	, Florida Statutes, the	e undersigned,		
Eduardo R. Arista, Esq.		herehv reoie	, hereby resigns as		
Name of Registered Agent			, notory rostgra as		
Registered Agent for SOGA	MA, LLC				
Trogistated Figure 101		λ.,		 	
	Name of Limit	ted Liability Compating	, ,,	1	
L15000084422					
Document Number,	if known				
A copy of this resignation wa The agency is terminated and If signing on behalf of an enti	the office discon		ay after the date on t	• • • • • • • • • • • • • • • • • • • •	
0.5	• • • • • • • • • • • • • • • • • • • •				
·	Ту	ped or Printed Name.		SSS SYL	
	PH INC I	Capacity		E. FLORID	
	FILING I \$ 85.00 \$ 25.00	Active limited limbs	ssolyed/voluntaril	y dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

40.00

INHS17 (2/14)

(((H180001371193)))