

U5000121460

(Requestor's Name)

(Address)

(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



800276290808

08/24/15--01023--001 **55.00

FILED
15 AUG 24 PM 3:42
U.S. DEPT. OF JUSTICE
FBI - NEW YORK

Dispro

M. MILLIGAN
EXAMINER
AUG 23 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAJ Connection LLC
(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:

Alejandro Esteban
(Contact Person)

SAJ Connection LLC
(Firm/Company)

7688 Poles ct
(Address)

Orlando Florida 32822
(City/State and Zip Code)

For further information concerning this matter, please call:

Alejandro Esteban at (407) 508-7429
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☐ \$25 Filing Fee ☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
15 AUG 24 PM 3:42
TALLAHASSEE, FLORIDA

**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 records of the Florida Department of State is: SAJ Connection LLC.

2. The Florida document/registration number assigned to this limited liability company is:

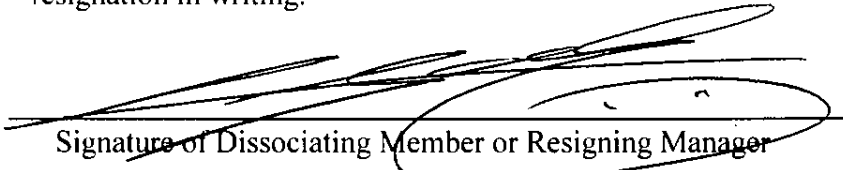
L 15000121460

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/7/15

4. I, Alejandro Esteban, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)