L15000123228

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
Certified Copies Certificates of Status				
[0.14.4.5.4.5.5.5.5.6.6.6.				
Special Instructions to Filing Officer:				





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SEP 2.9 7015 J. HARRIS

COVER LETTER *

TO: Registration Section

Division of Corporations

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

CR2E079 (2/14)

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

, ,				
Please return all correspondence concerning this matter to:				
Anthony BELTRAMEA				
(Contact Person)				
South FLORIDA RESOURCES LLC				
(Firm/Company)				
3313 HAVILAND Ct. #304				
(Address)				
PALM HARbor, FC 34684 (City/State and Zip Code)				
For further information concerning this matter, please call:				
ANNON BEITRAMPA at (813) 841-6705 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(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 \$\sum \\$55 Filing Fee & Certified Copy				

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.



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)

	mited liability company as it ap		
2. The Florida docum	nent/registration number assign		
3. The date this mem	ber/manager withdrew/resigned		
4. I, Print Nam (Print Nam (P)	DUDLLY ne of Person Resigning) SER	, hereby withdraw/resign	n as a
of this limited liabi resignation in writi	lity company and affirm the lim		as been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2015 SEP 2

CR2E079 (2/14)