

LL5000 181921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

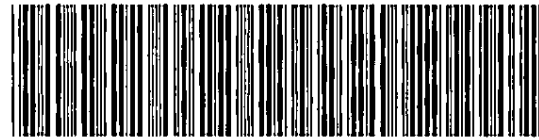
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600320301776

11/02/18--01011--011 \*\*25.00

FILED  
NOV 02 2018  
CUSHING  
STATE OF MASSACHUSETTS

Dissociation

NOV 19 2018

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SR44 USA, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Angela Mack

(Contact Person)

Tax Accounting & Financial Specialists, LLC

(Firm/Company)

2295 S. Hiwassee Rd Ste 407F

(Address)

Orlando-Florida 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Mack

(Name of Contact Person)

407

at ( )

710-0808

(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

FILED  
STATE  
DEPARTMENT OF  
CORPORATIONS  
TALLAHASSEE, FLORIDA  
NOV 14 2008  
10:51 AM



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 as it appears on the records of the Florida Department of State is: SR44 USA, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000181921

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, GUY NORMAN BOUCHARD, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(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)

RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE  
MAY 11 2011 10:53 AM