

LL5000 181921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

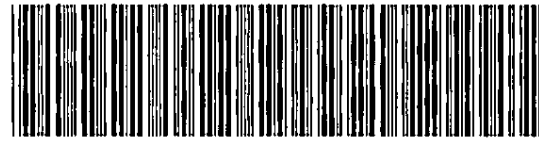
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF MASSACHUSETTS

Dissociation

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SR44 USA, 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:

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
2011 JUN 14 11:53



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)

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