## 1500199581

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ddress)            |             |
| (Ad                     | ddress)            |             |
| (Ci                     | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (В                      | usiness Entity Nar | me)         |
| (Do                     | ocument Number)    | 1           |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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K.SALY EXAMINER APR -5



March 16, 2016

HECTOR GARRONI 5930 NW 99TH AVE UNIT #3 DORAL, FL 33178

SUBJECT: SEGRATE, LLC Ref. Number: L15000199581

We have received your document for SEGRATE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 416A00005477

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: <u>Segrate, LLC</u> (Name of Limited  | Liability Company)  |
| The enclosed member, resignation or dissociatio  | n and fee(s) are submitted for filing. ,  |
| Please return all correspondence concerning this   | matter to:  |
| Lennis Haldwager (Contact Person)  |   |
| (Firm/Company)   |   |
| 8840 NW 111th Ave. apt. 1905.  | <del></del>   |
| Doral, FL 33178 (City/State and Zip Code)  |   |
| For further information concerning this matter, p  | please call:  |
| Lennis Halomaon at (Name of Contact Person)  | (786) 018-3881  |
| Enclosed please find a check made payable to th  |   |
| 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 |

CR2E079 (2/14)



## 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 lia                        | ability company as it appears on the records of the Florida Department |
|---|--|
| of State is: SEGRAT                                   | TE, LLC  |
| 2. The Florida document/regi                          | stration number assigned to this limited liability company is:         |
| L 15000199581   |  |
| 3. The date this member/man                           | ager withdrew/resigned or will withdraw/resign is: 03/01/2016          |
|   | hing, hereby withdraw/resign as a on Resigning)                        |
| Hanazer (Print Title)                                 |  |
| of this limited liability com resignation in writing. | pany and affirm the limited liability company has been notified of my  |
|   |  |
| Signature of Dissociating                             | Member or Resigning Manager  |
| •   | (Required)   |