## 115000207177

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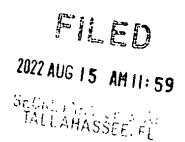
SEAT AND SECTION

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ		TERUS, LLC ted Liability Company)
The e	nclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please	return all correspondence concerning	his matter to:
	RASUEEDA DUTLEIL (Contact Person)	
	DSG Interns	
	(Firm/Company)  3171 MACHIAVOU WAY  (Address)	
	ALM BEACH GARDENS, FL. (City/State and Zip Code)	33418
For fu	rther information concerning this matte	r, please call:
F	ASHEEDA DUTLER (Name of Contact Person)	at (56) 662 1670 (Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable to 5 Filing Fee	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 liability company as it appears on the records of the Florida Department
of State is: 1	SC INTERNS LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
<u>L</u>	15000207127
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:6-6-2022_
4. I, FRANK (Print N	n bereby withdraw/resign as a a me of Person Resigning), hereby withdraw/resign as a
DiRE	ETON OF OPERATIONS (Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
_	A Suc
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
• •	