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(F	Requestor's Name)
	Address)
(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(I	Business Entity Name)
	Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Soap Enter Of Se (Name of Limited Ciability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Debie Morates (Contact Person)
Sadp'd Enterprise (Firm/Company)
1976 NW 34th Ave (Address)
Miami Galders Fl 33056 (City/State and Zip Code)
For further information concerning this matter, please call:
Deboie Horales at (180) 365 9399 (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 \$\Bigsquare\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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: Snap'd Enterprise UC.
2. The Florida document/registration number assigned to this limited liability company is:
L16000186108
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sylvariance of the state of the
4. I. Shereby withdraw/resign as a (Print Name of Person Resigning). hereby withdraw/resign as a
Marcage (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

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: