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(Requestor's Name)
(Address)
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(Onyl-state/Liph Hollo II)
PICK-UP WAIT MAIL
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(Document Number)
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J. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SDS Strategic Distribution (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:
Tvan Ayala (Contact Person)
5DS Strategic Distribution Corp.
11421 NW 15th st. (Address)
Dembrook Pines FL 330260 (City/State and Zip Code)
For further information concerning this matter, please call:
[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 \$\square\$\$\$ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 Departs of State is: SDS Styalegic Distribut	nent -100 C(
2. The Florida document/registration number assigned to this limited liability company is:	17
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	1
4. I, Julisse Francesch hereby withdraw/resign as a (Print Name of Person Resigning)	
THE AMBR. (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of resignation in writing.	`my
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	MINIS AU NO