L17000047054

(Requestor's Name)	
(Address)	
(Address)	1
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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ECRETARY OF STATE

FILED

K. SALY FEB 7 2018



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Same tag tagency (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:
Strenny Porrus (Contact Person) (Company)
8200 NE 27th St Suite 114 (Address)
Many, FL 33122 (City/State and Zip Code)
For further information concerning this matter, please call:
Thenry Porvus at (305) 9868966 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\mathbb{\mathbb{B}}\$ \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

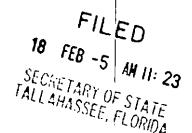
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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)

	mited liability company as it appears on the records of the Florida Departs	nent
2. The Florida docume	ent/registration number assigned to this limited liability company is:	
4170000	47054	
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: 013118	<u>) </u>
4. I. Dubraska	hereby withdraw/resign as a e of Person Resigning) Mage (int Title)	
of this limited liabili	ity company and affirm the limited liability company has been notified ong.	fmy
Signature of Disso	ociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2018

SAME TAG AGENCY, LLC JILENNY PORRAS 8200 NW 27TH ST, STE. 114 DORAL, FL 33122

SUBJECT: SAME TAG AGENCY, LLC

Ref. Number: L17000047054

RECEIVED FEB 0 5 2018

We have received your document for SAME TAG AGENCY, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is to resign the Registered Agent. The proper document is the resignation of Member/Mgr. Enclosed is a resignation document for your convenience.

To request a refund...

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

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: 318A00001677

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