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APR 2 2 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sassy Sudz and (Name of Limited Lia)	d Such LCC pility Company)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
TVACY GYLE (Contact Person)	
Sassy Sudz and Such LL (Firm/Company)	
100 Red Wing Drive	
Lake Mary FC 32746 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
(Name of Contact Person) at (L	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F ■ \$25 Filing Fee ■ \$5	State for: 55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 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 I	Depart	ment
of State is:	assy sudz	and Sud	1 LLC	<u>,</u>		<u> </u>
2. The Florida docu	iment/registration number	assigned to this lim	ited liability co	ompany i	is:	
L17000	050819					
	mber/manager withdrew/r		draw/resign is	: -	<u> 2021</u>	2
4.1. DEFFREY	ame of Person Resigning)	, hereby with	ıdraw/resign a	s a		
M	CAC (Print Title)					
of this limited liab resignation in wr	bility company and affirm iting.	the limited liability	company has	been noti	ified o	f my
	ssociating Mémber or Res					
Signature of Di	ssociating Mémber or Res	igning Manager		برز برید	2020 APR 10	** * <u>*</u>
Filing Fee:	\$25.00 (Required)			# AS C E E E E E E E E E E E E E E E E E E	γ 1.	Same Same
Certified Copy:	\$30.00 (Optional)			100000 100000 100000 100000) AH	1
				#300 #300 #300 #300 #300	7:	U