

LI7000055620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

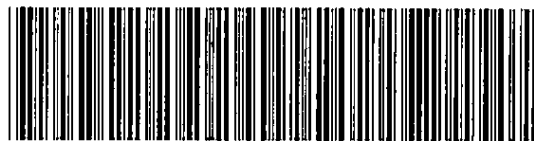
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/19/19 - 01004 - 014 \$25.00

105th
CLERK OF SUPERIOR COURT
19 AUG 19 PM 2:30

Disc of member

AUG 29 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SATO CONSULTING LLC

(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:

FRANCELE SATO

(Contact Person)

SATO CONSULTING LLC

(Firm/Company)

730 E COCO PLUM CIR, UNIT 6

(Address)

PLANTATION, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCELE SATO

at (954) 642-6250

(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

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

19 AUG 19 PM 2:30

STATE OF FLORIDA
DEPARTMENT OF CORPORATIONS



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: SATO CONSULTING LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000055620

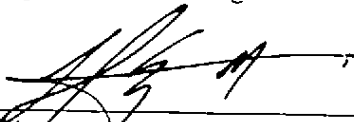
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/01/2019

4. I, PITER DELUCA ESTURILHO, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X 

Signature of Dissociating Member or Resigning Manager

19 MAY 19 PM 2:30

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)