# L17000067981

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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November 2, 2017

#### VIA FEDEX

Department of State Division of Corporations Clifton Building 2661 Executive Center Cir. Tallahassee, FL 32301

#### Dear Sir or Madam:

Enclosed please find the following two (2) forms to be processed:

- 1. Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company (\$25.00 fee)
- 2. Articles of Amendment to Articles of Organization (\$25.00 fee)

I am also enclosing a check in the amount of \$50.00 to cover the combined fee for both forms.

Thank you for your assistance in this matter.

Sincerely,

### Carly Newman

Carly M. Newman enewman@const-law.com

Enclosure: As noted



## 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)

	e name of the limited liability company as it appears on the records of the Florida Department State is:  Strategic Advisors Value Engineering Save, LLC	
	e Florida document/registration number assigned to this limited liability company is:	
	e date this member/manager withdrew/resigned or will withdraw/resign is:  Adriana Harrison	
	(Print Name of Person Resigning)	
res	(Print Title)  nis limited liability company and affirm the limited liability company has been notified of the gnation in writing.  Some of Dissociating Member or Resigning Manager	FILED

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)