1170004131

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



800301489128

07/21/17--01009--002 **25.00

FILEU 2017 JUL 21 AM II: 16 SLUKH KARY OF STAIL

_ K. SALY JUL 2 7 2017

COVER LETTER

TO: Registration Section Division of Corporations

CR2E079 (2/14)

SUBJECT: 6/1 Sia-How Ocue	nited Liability Company)
The enclosed member, resignation or dissoc	riation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Mutthew R. Haynes (Contact Person)	
(Contact Person)	
	1
(Firm/Company)	
PO Box 324	
(Address)	
Po Box 324 (Address) Dunkdiw, FL 34697 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
(Name of Contact Person)	at (727) 450. 4089 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\mathbb{Y}\$ \$25 Filing Fee	to the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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 Department
of State is: 6 1 Sia-Aon Deug Brenzry, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000094131
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{6/2 \cdot /2017}{}$
4. I. Matthew R. Haynes , hereby withdraw/resign as a (Print Name of Person Resigning)
OWNER/Brewer (Prim Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)