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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: SOSAFER I LLC, a Florida	Limited Liabi	ility Company		
	nited Liability Co	ompany)		
The enclosed member, resignation or dissoci	iation and fee(	(s) are submitted for filing.		
Please return all correspondence concerning	this matter to	:		
BRUCE HORNSTEIN				
(Contact Person)		<del></del>		
BRUCE HORNSTEIN, P.A.				
(Firm/Company)		- TALL	2016	
6961 Indian Creek Drive		S S S S S S S S S S S S S S S S S S S	JUL 30	
(Address)		- SSES	ထ	
Miami Beach, Florida 33141		Y DE STAJE SEE FLORIDA	2 B	
(City/State and Zip Code)		i Aig Skio	17	
For further information concerning this matt	er, please call	<b>3&gt;</b> ' `		
Bruc Hornstein	305	397-8476		
(Name of Contact Person)	_	e & Daytime Telephone Number)		
Enclosed please find a check made payable t ■ \$25 Filing Fee		Department of State for:  ig Fee & Certified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
		Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle		Tallahassee, Florida 32314		

Tallahassee, Florida 32301

CR2E079 (2/14)



## 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 limited liability company a	•		da Depart	ment
of State is:	SAFER I LLC, a Florida Li	imited Liability Comp	any 		<u> </u>
2. The Florida doc L1700011240	nument/registration number a 08	assigned to this limited	liability compa	ny is:	
3. The date this me	ember/manager withdrew/res	signed or will withdray	7/9. w/resign is:	/2018	
4. I. Carlos E. Fe	ernandez Name of Person Resigning)	, hereby withdra	w/resign as a		
Manager	2				
resignation in w	(Print Title) ability company and afterm the riting. issociating Member or Resignation		TALLEHASSEE FLORIC	1 30 PH 2:	
Filing Fee:	\$25.00 (Required)		) >	Ē <b>₹</b>	

Certified Copy:

\$30.00 (Optional)