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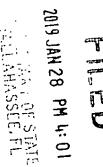
(Requestor's Name)		
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#### **COVER LETTER**

TO: Registration Section Division of Corporations Sette Services LLC SUBJECT: (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: Oscar Vargas (Contact Person) Sette Services LLC (Firm/Company) 5541 NW 82nd Avenue (Address) Doral, FL 33166 (City/State and Zip Code) For further information concerning this matter, please call: Oscar Vargas 305 389-7952 (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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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2019 JAN 28 PM 4: 01

Service TALLAMASSEE, FL

#### 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)

Se	ne limited liability company as it tte Services LLC	appears on the records of the Florida Department
2. The Florida do L170001163		gned to this limited liability company is:
3. The date this n Viviana Dia		01/25/2019 ned or will withdraw/resign is:
4. I. <i>(Prim</i> Chief Opera	Name of Person Resigning) ting Officer	, hereby withdraw/resign as a
	(Print Title)	
of this limited li resignation in w		imited liability company has been notified of my
M		
Signature of [	Dissociating Member or Resignin	g Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	