## L17000134426

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SAVAGE Extension (Name of Limite	or Sp 5 LL C and Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Donan SAVA GO (Contact Person)	
SAYAGE Entenprises LLC. (Pirm/Company)	
23508 SAN SIGASTIAN (Address)	Sourt
Sarranto, FL 32776  City/State and Zip Code)	<u></u>
For further information concerning this matter.	please call:
DONALD SAVA (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 \$\sum \text{S55 Filing Fee & Certified Copy}\$	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	nited liability company as it appears on the records of the Florida Department
of State is: SAV	age Enterprises LLC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
82-197	per/manager withdrew/resigned or will withdraw/resign is: $9-8-2-96$
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: $9-8-2-96$
	hereby withdraw/resign as a e of Person Resigning)
<u> </u>	int Title)
of this limited liabilities	ity company and affirm the limited liability company has been notified of my g.
Carl Su	coul
Signature of Disso	ociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	·