

L17000141408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

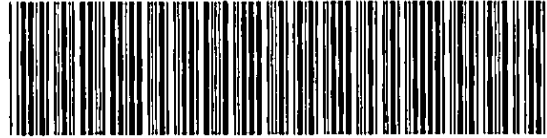
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100315238131

07/09/18--01011--026 \*\*25.00

CLERK OF COURT  
TALLAHASSEE, FLORIDA

2018 JUL -9 PM 3:23

FILED

KS  
7/17/18

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sales Rampage, LLC  
\_\_\_\_\_  
(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:

Peter J Pisarri

\_\_\_\_\_  
(Contact Person)

Sales Rampage, LLC

\_\_\_\_\_  
(Firm/Company)

6210 Shirley Street Suite 105

\_\_\_\_\_  
(Address)

Naples, FL 34109

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter J Pisarri

\_\_\_\_\_  
(Name of Contact Person)

at ( 239 ) 269-6301

\_\_\_\_\_  
(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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
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: Sales Rampage, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000141408


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/6/2018

4. I, Roger D. Shepard, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 7/6/18  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2018 JUL -9 PM 3:26  
TALLAHASSEE, FLORIDA

FILED