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(Re	questor's Name)		
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## **COVER LETTER**

Division of Corporations		
SUBJECT: BASAUT AMERICA TEVER	itery 2, LLC	
(Name of Limited Liab	ility Company)	
The enclosed member, resignation or dissociation ar	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to:	
Edward Cospedes		
(Contact Person)	<del></del>	
(Firm/Company)		
5961 NE 18# TERM (Address)		
(Address)		
FT. LAUD. FL. 33308 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, pleas	se call:	
Edward Cespedes at (9 (Name of Contact Person) (Are	54, 4651404	
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\s		
\$25 Filing Fee	Fining Fee & Certified Copy	
STREET/COURIER ADDRESS:  Paristration Spation	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

CR2E079 (2/14)

TO: Registration Section



## 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	e limited liability company as	it appears on the records of the Florida Department
of State is:	ASALT AMERICA TELL	RITORY 2, LLC
2. The Florida doc	ument/registration number as	signed to this limited liability company is:
16-8017	395642-4	
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:
4. 1. EDWARD	Name of Person Resigning)	, hereby withdraw/resign as a
MANA	GEN	
of this limited lia resignation in w		e limited liability company has been notified of my
5/1	18	
Signature of D	dissociating Member or Resign	ning Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	