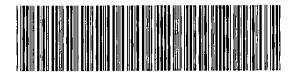
## L18000010231

<u> </u>
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Contilled Coales Contillector of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_

Office Use Only



400406267374

0 14 L. 0.1.41 H000 ++25.00

2023 APR I L AM 7: 26

C/ 120/2013

## COVER LETTER ' '

TO: Registration Section Division of Corporations
SUBJECT: SACTA GUARD SERVICES, 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:
MORAIMA CASTRO (Contact Person)
SARTA GUARD SERVICES, LCC (Firm/Company)
17961 SW 33RD Street
MiRAMAR, FL 33029 (City/State and Zip Code)
For further information concerning this matter, please call:
MoRAiMA Custro at (586) 452-5351 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

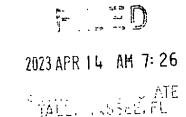
2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327





## 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)

	limited liability company as it appears on the records of the Florida Department
of State is:	SARTA GUARD SERVICES, LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
L 18000	010231
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12-14-2422
4. I, <u>HORAI</u> Prini N	hereby withdraw/resign as a me of Person Resigning)
A	MBR (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Will a state of the state of th	illat
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)