## LIS OCCUPATE

(Re	questor's Name)			
(Ad	dress)	·		
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(Cit	y/State/Zip/Phone	e #)		
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

STERLINGOODS LLC SUBJECT:		
	Limited Liability (	Company)
The enclosed member, resignation or diss	sociation and fe	e(s) are submitted for filing.
Please return all correspondence concerni	ing this matter t	to:
MARIANO VANOLI		
(Contact Person)		<del>_</del> _
STERLINGOODS LLC		
(Firm/Company)		
8285 NW 64th St. Unit 5		
(Address)		<del></del>
Miami, FL 33166		
(City/State and Zip Code)		
For further information concerning this m	natter, please ca	ill:
MARIANO VANOLI	786 at (	2054873
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payab	le to the Florid	a Department of State for:
■ \$25 Filing Fee	□ \$55 Fil	ling Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 8

Tallahassee, FL 32303



## 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 a	• •	of the Florida Department
2. The Florida doc:	ument/registration number a	assigned to this limited liab	oility company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/re	08/17/2020 sign is:
4. I, PATRICK PERI	Z 'ame of Person Resigning)	, hereby withdraw/re	esign as a
Manager			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm t iting.	he limited liability compar	ly has been notified of my
( respect	43-		
Signature of D	issociating Member or Resi	gning Manager	2020 / Pagor TA!
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED 2020 AUG 31 AM II PASETARY OF S