L18000269663

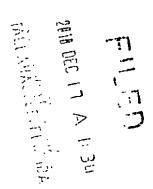
	(Requestor's Name)				
(Address)					
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



800322025018

12/17/18--01029--019 **55.00



') SCOTT JAN 4 2019

COVER LETTER

TO:	Registration S Division of Co				
SUBJ		GROUP20 LLC			
		(Name of L	imited Liability Con	npany)	
The c	enclosed member	resignation or disso	ociation and fee(s) are submitted for	or filing.
Pleas	e return all corre	spondence concernit	ng this matter to:		
Stev	en E Drew Sr				
		(Contact Person)		_	~ ^2
DREWGROUP20 LLC					2818 DEC
		(Firm/Company)		_	
3107	Westridge Dr			_	A A Por
		(Address)			(C) (T)
Holic	lay, FL 34691				
	(C	ity/State and Zip Code)			
For fi	urther informatio	on concerning this ma	atter, please call:		
Stev	en E Drew Sr		(727)	222-3534	
	(Name of Co	ontact Person)		& Daytime Telepl	hone Number)
	osed please find : 5 Filing Fee	a check made payabl		epartment of Sta Fee & Certified	
STR	EET/COURIE	R ADDRESS:		MAILING AD	DRESS:
Registration Section			Registration Section		
	ion of Corporati	ons		Division of Corp	porations
	Clifton Building			P.O. Box 6327	
	Executive Cente hassee, Florida 3			Tallahassee, Flo	rida 32314

CR2E079 (2/14)



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)

			三国门
1. The name of the	e limited liability company as	s it appears on the records o	f the Florida Department
of State is:	REWGROUP20 LLC		
	cument/registration number a		lity company is:
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resi	gn is:
4. I, Cheryl E Sa	rkozi Name of Person Resigning)	, hereby withdraw/res	ign as a
(<i>Print</i>) Member	Name of Person Resigning)		
-	(Print Title)		
resignation in w	ability company and affirm the riting. Security Member of Resignation	· ·	has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		