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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SN GROUP INVE	ESTMENTS LLC		
	(Name of Limited Liability Con	pany)	
The enclosed member, resignation	on or dissociation and fee(s	are submitted for filing.	
Please return all correspondence	concerning this matter to:		
IRASEMA ARAUZ			
(Contact Pers	on)	-	
ATPLUS CORP			
(Firm/Compa	ny)	-	_
8180 NW 36th ST STE 406			19 3
(Address)		•	19 SEP
DORAL, FL 33166			- 0
(City/State and Zi	ip Code)	-	PH 3:
For further information concerning	ng this matter, please call:		: 18
IRASEMA ARAUZ	305	406-3800	
(Name of Contact Person		& Daytime Telephone Number)	
Enclosed please find a check mad ■ \$25 Filing Fee		epartment of State for: Fee & Certified Copy	
STREET/COURIER ADDRES	SS:	MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 of State is:		Department
2. The Florida document/registration number assignment/18000280682	gned to this limited liability company	'is:
(Print Name of Person Resigning) Authorized Member	ned or will withdraw/resign is:, hereby withdraw/resign as a	SECHETARY OF S NIVISION OF COEPOR 12019 SEP -9 PM 3
of this limited liability company and affirm the large resignation in writing. Signature of Dissociating Member or Resigning		HATE RATIONS tified of mys