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(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
	_ _	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to Filing Officer:		

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SaH7 UC (Name of Limited Li	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
Contact Person)	
(Firm/Company)	
714 Lake avc (Address)	
GNC(NVICH CT 06831) (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
HSSICA Minds Ch at (Name of Contact Person) (1	11 A-94 22 6 Area Code & Daytime Telephone Number)
all be a line of the second of	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

1. The name of the	limited liability company as it appears on the r	ecords of the Florida Department
of State is:S	aH7 UC	
2. The Florida docu	ment/registration number assigned to this limi	ted liability company is:
	0029941	
3. The date this men	mber/manager withdrew/resigned or will withd	fraw/resign is: $\frac{5}{2}$ $\frac{2}{2}$
4. I, <u>}()((</u> (Print No.	me of Person Resigning). hereby with	draw/resign as a
Menber	Print Title)	
	pility company and affirm the limited liability of	company has been notified of my
resignation in wri	ting.	
		F.
		. 7
-		
Signature of Dissociating Member or Resigning Manager		·:
		75
Filing Fee	\$25.00 (Required)	jo: 05
_	\$30.00 (Ontional)	O,