L19000108279

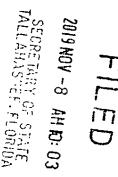
(Re	questor's Name)				
(Address)					
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu:	siness Entity Nar	me)			
(Document Number)					
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Y SULKER

COVER LETTER

TO:	Registration Section Division of Corporations		
	DASTI, LLC		
SUB.	JECT: (Name of Limit	ted Liability Con	npany)
The e	nclosed member, resignation or dissocia		
	-		, are outonimed for ming.
	e return all correspondence concerning to	inis matter to:	
Anı	TUR ATANOV		
	(Contact Person)		_
DAS	STI		
	(Firm/Company)		-
105	54 Greensprings Dr		
	(Address)		-
Tam	pa, FL, 33626		
	·		_
	(City/State and Zip Code)		
For fu	orther information concerning this matte	er, please call:	
ART	'UR ATANOV	813	3708094
	(Name of Contact Person)	at ((Area Code	& Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		
Regis Divisi Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations in Building Executive Center Circle massee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CR2E0	19(2/14) - Alle F	Hanoul	NOU. 4, 2013



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 DAS	limited liability company as STI, LLC	it appears on the rec	ords of the Flo	rida Department
of State is:				75 B
2. The Florida docu L1900010827	ument/registration number as '9	signed to this limited	d liability comp	N-8
3 The date this me ARTUR ATA 4. I.		igned or will withdra		2249 TO 22419 TO 2241
	ame of Person Resigning)			
	(Print Title)			
of this limited lia resignation in wr	1	e limited liability co.		
Signature of Di	ssociating Member or Resig	ning Manager '		
Filing Fee: Certified Copy:	\$25,00 (Required) \$30.00 (Optional)			