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## COVER LETTER

	Registration Section Division of Corporations	
SUBJE	CT: GrassRoots Advisory, LLC	
	(Name of Lin	nited Liability Company)
The enc	losed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to:
	Douglas DiSanti	
	(Contact Person)	
	GrassRoots Advisory, LLC	
	(Firm/Company)	
	114 Homeport Drive	
	(Address)	
	Palm Harbor, FL 34683	
	(City/State and Zip Code)	
For furth	ner information concerning this matt	er, please call:
	Douglas DiSanti	at ( 631 ) 991-5461
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	d please find a check made payable tilling Fee	to the Florida Department of State for:  \$\Pi\$ \$55 Filing Fee & Certified Copy
	T/COURIER ADDRESS:	MAILING ADDRESS:
	tion Section	Registration Section
	of Corporations	Division of Corporations
Cliffon I	sunding ecutive Center Circle	P.O. Box 6327
	see, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FRC FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	s it appears on the records of the Flo	orida Depa
of State is:	GrassRoots Advisory, LLC		
2. The Florida doc	ument/registration number a	ssigned to this limited liability com	pany is:
L19000112	1128	·	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: $0$	9/16/19
4.1. Mauricio S	ernande III	, hereby withdraw/resign as a	
	lame of Person Resigning)		Fire E
Man	aging Member		MALL AT
	(Print Title)		17.
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company has bee	n notified &
	1 the state of		
Signature of D	issociating Member or Resig	ning Manager	3.
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		