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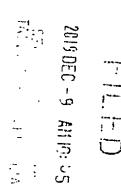
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

Division of Corporations		
STRATA REFERRAL GROU	ગુર	
	of Limited Liability Co	mpany)
The enclosed member, resignation or d	lissociation and fee(	s) are submitted for filing.
Please return all correspondence conce	erning this matter to:	
GREG NACKE		
(Contact Person)		_
(Firm/Company)		_
141 N HIGHLAND ST		_
(Address)		
MOUNT DORA, FL. 32757		
(City/State and Zip Code	)	Manual Control of the
For further information concerning this	s matter, please call:	
GREG NACKE	352 at (	455-1168
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find a check made pay	vable to the Florida !	Department of State for:
■ \$25 Filing Fee	☐ \$55 Filin	g Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

**TO:** Registration Section



## 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)

withdraw/resign is:	
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