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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: 52TT ALF LLC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are	submitted for filing.
Please return all correspondence concerning this matter to:	
Marc Flores (Contact Person)	
SCTT ALF LLC (Firm/Company)	
12250 N 22 nd Street (Address)	
Tampa FL 33612 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Marc Flores at (35Z) 2 (Name of Contact Person) (Area Code & Da	08 - 7556 ytime Telephone Number)
Enclosed please find a check made payable to the Florida Depart  ☐ \$25 Filing Fee  ☐ \$55 Filing Fee	
Registration Section Regi Division of Corporations Divis P.O. Box 6327 The	stration Section sion of Corporations Centre of Tallahassee 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 appea	rs on the records of the Florida Depa	artmen	ıt
of State is:	Doniel Fabriz	· 	<del></del> .	
2. The Florida doci	ment/registration number assigned to	o this limited liability company is:		
L1900	0160464			
3. The date this me	mber/manager withdrew/resigned or	will withdraw/resign is: 12/3//	2020	D
4. I, <u>Dan</u>	el Fabrizi, he ame of Person Resigning)			
Ar	Print Title)			
of this limited lia resignation in wr	oility company and affirm the limited	l liability company has been notified	of my	,
			2821 FEB	មិនខ្មែរ ខ្មែរ
Signature of Di	ssociating Member or Resigning Man	nager	824	H OF C
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH 12: 0	i Dr. a.s. Girros A.s.
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