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| Special Instructions to Filing Officer: |                        |  |  |  |
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## **COVER LETTER**

| TO: Reg        | gistration Section               |                       | * *  |
|----------------|----------------------------------|-----------------------|--|
| Div            | ision of Corporations            |                       |  |
|                |                                  |                       |  |
| SUBJECT        | SFL Empire LLC                   |                       |  |
| SOBJECT        |                                  | Limited Liability Co. | mpany)   |
| The enclose    | ed member, resignation or dis    | sociation and fee(    | s) are submitted for filing.                       |
| Please retur   | rn all correspondence concern    | ning this matter to:  |  |
| Courtney Re    | iner                             |                       |  |
|                | (Contact Person)                 | ·,                    | _  |
| SFL Empire     | LLC                              |                       |  |
|                | (Firm/Company)                   |                       | _  |
| 90 SW 91 Av    | re Apt 304                       |                       |  |
|                | (Address)                        |                       | <del></del>  |
| Plantation, Fl | 1. 33324                         |                       |  |
|                | (City/State and Zip Code)        |                       | _  |
| For further    | information concerning this r    | natter, please call:  |  |
| Courtney Rei   | iner                             | 954<br>at (           | 270-1008   |
| (              | Name of Contact Person)          | <del> </del>          | & Daytime Telephone Number)                        |
| Enclosed pl    | lease find a check made payal    | ble to the Florida (  | Department of State for:                           |
| ≡ \$25 Filir   | ng Fee                           | □ \$55 Filing         | g Fee & Certified Copy                             |
|                |                                  |                       |  |
| <u>Mail</u>    | ling Address:                    |                       | Street Address:                                    |
|                | sistration Section               |                       | Registration Section                               |
|                | ision of Corporations . Box 6327 |                       | Division of Corporations The Centre of Tallahassee |
|                | lahassee, FL 32314               |                       | 2415 N. Monroe Street, Suite 810                   |
| 1811           | анарусс, ГС 32314                |                       | Tallahassee, FL 32303                              |
|                |                                  |                       |  |

CR2E079 (2/14)



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## 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)

|   | he limited liability company as it appears on the records of the Florida Department         |
|---|---|
| of State is:  | L Empire LLC  |
|   | cument/registration number assigned to this limited liability company is:                   |
| 3. The date this r  | nember/manager withdrew/resigned or will withdraw/resign is:                                |
| Yusell Garcia   | , hereby withdraw/resign as a   |
| (Prin   | Name of Person Resigning)   |
| Manager   |   |
|   | (Print Title)   |
| of this limited leading of this limited leading of the control of this limited leading of the control of the control of the control of this limited leading of the control | liability company and affirm the limited liability company has been notified of my writing. |
| <b>A</b>  | Al I -  |
| Signature of  | Dissociating Member or Resigning Manager  |
| Filing Fee:<br>Certified Copy:  | \$25.00 (Required)<br>\$30.00 (Optional)  |
| : : : : : : : : : : : : : : : : : : :   |   |
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CR2E079 (2/14)