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COVER LETTER

Division of Corporations Simple Guard, LLC SUBJECT: (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: Oliver J. Langstadt, Esq. (Contact Person) Oliver J. Langstadt, P.A. (Firm/Company) 1108 Ponce de Leon Blvd. (Address) Coral Gables, FL 33164 (City/State and Zip Code) For further information concerning this matter, please call: Oliver J. Langstadt (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 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)

1. The name of the	limited liability company	as it appears on the records of	the Florida Department
of State is:	le Guard, LLC		·
2. The Florida doc L19000285015	ument/registration number	assigned to this limited liabili	ty company is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resig	gn is:
4. I, Alfred Portal		, hereby withdraw/resign as a	
(Print 1	Name of Person Resigning)		• •
Managing Memb	er		
(Print Title)			
of this limited lia resignation in wi		the limited liability company	has been notified of my
Signature of D	issociating Member or Res	igning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		