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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			
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COVER LETTER

Division of Corporations	
Sirach Services LLC SUBJECT:	
(Name of Limited I	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Joseph Cartenuto	
(Contact Person)	
Sirach Services LLC	
(Firm/Company)	
735 Prestwick Dr	
(Address)	
Niceville, FL 32578	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Joseph Cartenuto at (504 508-1957
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for:
■ S25 Filing Fee	\$55 Filing 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 81 Tallahassee, FL 32303



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)

	limited liability company as Services LLC	it appears on the records of th	ne Florida Department
2. The Florida docu	ument/registration number as	signed to this limited liability	company is:
L20000053317		,	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign	is:
4. 1. Irma A. Temples	lame of Person Resigning)	, hereby withdraw/resign	as a
Manager	une of rerson Resigning)		
	(Print Title)		
of this limited lia resignation in wr		e limited liability company ha	s been notified of my
Dma	a Tempos		
Signature of D	issociating Member or Resig	ning Manager	۲٠
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		1072 JAN