## L2000018342H

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

Office Use Only

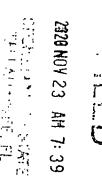


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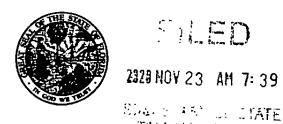
11/24/20--01002--008 \*\*55.00



O SIMMONS
JAN 1 1 2021

## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJ			
	(Name of Lim	ited Liability (	Company)
The en	nclosed member, resignation or dissoci	ation and fe	e(s) are submitted for filing.
Please	return all correspondence concerning	this matter t	0:
Regina	Manalili		
	(Contact Person)	-	<del></del>
Sago To	ea Bar ATBP, LLC		
	(Firm/Company)		
452 S. 1	Hunt Club Blvd.		
	(Address)		<del></del>
Apopka	a, FL 32703		
	(City/State and Zip Code)		
For fu	rther information concerning this matte	er, please ca	11:
Regina	Manalili	407 at (	403-4106
	(Name of Contact Person)		de & Daytime Telephone Number)
	sed please find a check made payable to		
□ \$23	Filing Fee	<b>ス 2</b> 22 Fill	ing Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE SES, FL. 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 li	mited liability company as it a	ppears on the records of the Florida Department
of State is: Sago Te	a Bar ATBP, LLC	·
2. The Florida docum	nent/registration number assign	ned to this limited liability company is:
L 20000 183	424	_•
3. The date this mem	ber/manager withdrew/resigne	ed or will withdraw/resign is:
4. I, Print Nan	ne of Person Resigning)	_, hereby withdraw/resign as a
Manager	ne og r erson kesigning)	
(Pr	rint Title)	
of this limited liabil resignation in writing		mited liability company has been notified of my
Signature of Diss	ociating Member or Resigning	y Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	