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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	\(^)	22121
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2021 OCT 12 MM 9: 04 SECRETARY DESTATO

#### **COVER LETTER**

Division of Corporations SOUTH ATLANTIC FUTURES 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: JOSEPH PASTRANA (Contact Person) SOUTH ATLANTIC FUTURES LLC (Firm/Company) 2598 E SUNRISE BLVD SUITE 2104 (Address) FORT LAUDERDALE, FL. 33304 (City/State and Zip Code) For further information concerning this matter, please call: 866 JOSEPH PASTRANA 574-5622 EXT. 700 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# PILED 2021 OCT 12 AM 9: 04 SECRETARY OF STATE TALLAMASSET. FI

### DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

2011	limited liability company as it appears on the records of the Florida Department  TH ATLANTIC FUTURES LLC
	ument/registration number assigned to this limited liability company is:
CHRISTIAN A	mber/manager withdrew/resigned or will withdraw/resign is:  CONIGLIO, hereby withdraw/resign as a lame of Person Resigning)
MGR, VP	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
M	
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)