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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ASSET & BUSINESS GR. (Name of Limited Liability	OUP LLC y Company)
The enclosed member, resignation or dissociation and to	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to:
VIVIANA KATZ	
(Contact Person)	
ASSÉT & BUSINESS GROUP, (Firm/Company)	LLC
617 EAST COLONIAL DR. F	<u>#B</u>
ORLANDO, FL. 32803	
(City/State and Zip Code)	
For further information concerning this matter, please of	call:
VIVIANA N. KATZ at (48) (Name of Contact Person) (Area C	07) 690 · 4557 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori ☐ \$25 Filing Fee ☐ \$55 F	ida Department of State for: Filing 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 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 a	opears on the re	cords of the	e Florida Dep	artmeni
	SSET 4 G	-				<u> </u>
2. The Florida doc		n number assigr	ed to this limite	ed liability o	company is:	
	0 338524		_·			
3. The date this me	ember/manager w	rithdrew/resigne	d or will withdr	aw/resign i	s: Dec 28.	2021
4. I, <u>John</u> (Print N	J. BASILE lame of Person Resig	gning)	_, hereby withd	raw/resign	as a	
MGR	MEMBER					
<u>; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u>	MEMBER (Print Title)	 '				
of this limited lia resignation in wr		nd affirm the lir	nited liability co	ompany has	been notified	l of my
\sim	- Josa	sile		_		
	issociating Memb		Manager		702	
					7021 DEC 28	
Filing Fee:	\$25.00 (Requ	iired)			62	7 .
Certified Copy:	\$30.00 (Option	onal)			٠,	
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