## h21000180026

(Requestor's Name)					
(Address)					
(Address)					
(					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: SIGN N' ID NOTARY SERVICE	CES, LLC	
	f Limited Liability C	ompany)
The enclosed member, resignation or dis	ssociation and fee	e(s) are submitted for filing.
Please return all correspondence concer	ning this matter to	o:
Abigail Ennis		
(Contact Person)		_
SIGN N' ID NOTARY SERVICES. LLC		
(Firm/Company)		<del>_</del>
2730 N. Nob Hill Road		
(Address)		_
Sunrise, Florida 33322		
(City/State and Zip Code)		_
For further information concerning this	matter, please cal	H:
Abigail Ennis	786 at (	707-0328
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made paya	able to the Florida	Department of State for:
■ \$25 Filing Fee	□ \$55 Fili	ing 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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



## 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)

		s it appears on the records of	·
		ssigned to this limited liabil	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resig	gn is:
4. I, Brianna Allen	ame of Person Resigning)	, hereby withdraw/resi	ign as a
Manager			
	(Print Title)		
of this limited lial resignation in wr		ne limited liability company	has been notified of my
Drando	Mh		<b>202</b>
Signature of Di	ssociating Member or Resig	ning Manager	FIL SECRETARY ALLAHASSE
	\$25.00 (Required) \$30.00 (Optional)		THE FLAME