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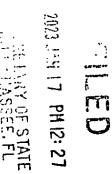
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Certified Copies	_ Certificates	s of Status		
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Office Use Only



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## **COVER LETTER**

TO: Reg	istration Section		
Div	ision of Corporations		
SUBJECT			
	(Name of Lim	iited Liability Con	npany)
The enclose	ed member, resignation or dissoci	ation and fee(s	e) are submitted for filing.
Please retur	n all correspondence concerning	this matter to:	
LUIGI ROSA	ABIANCA		
	(Contact Person)		-
SAG ADVIS	ORS LLC		
	(Firm/Company)		-
9315 TRINA	NA CIRCLE		
	(Address)		-
WINTER GA	ARDEN, FL 34787		
	(City/State and Zip Code)	<del></del>	<del>-</del>
For further	information concerning this matt	er, please call:	
LUIGI ROSA	ABIANCA	at (347	, 533-1021
(1	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed pl ☐ \$25 Filir	lease find a check made payable (		Department of State for: 3 Fee & Certified Copy
_ 323		<b>3</b> 00	, to to domine dop,
	ling Address: istration Section		Street Address: Registration Section
	ision of Corporations		Division of Corporations
P.O	. Box 6327		The Centre of Tallahassee
Tall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)





## 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	it appears on the records of the Florida Department
2. The Florida doct	ument/registration number as	signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:
4. I. BRITTANY MC (Print N MEMBER	KNIGHT  Tame of Person Resigning)	, hereby withdraw/resign as a
		e limited liability company has been notified of my
Signature of D	Issociating Member of Resign	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (2/14)