## L24000077058

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ALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO:	_	stration Section sion of Corporations		
	DIVIS	non or corporations		
SUBJ	IECT:	SI7ES LLC		
		(Name of	Limited Liability Cor	mpany)
The e	nclosec	l member, resignation or dis	ssociation and fee(	s) are submitted for filing.
Please	e return	all correspondence concern	ning this matter to:	
ALAI	in ruiz			
	•••	(Contact Person)		_
SI7ES	S LLC			
		(Firm/Company)		<u></u>
7884 1	NW 46T	H ST		
		(Address)		_
MIAN	41 FL 33	166		
		(City/State and Zip Code)		_
For fu	irther ii	nformation concerning this i	matter, please call:	
DIGM	IORY RI	ENTERIA	786 at (	314-1454
	(N	iame of Contact Person)		& Daytime Telephone Number)
	-	ease find a check made paya		
<b>=</b> \$2	5 Filing	g Fee	□ \$25 Filin	g Fee & Certified Copy
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
				Tallahassee, FL 32303

CR2E079 (2/14)



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

## 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 doc L24000077058	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
CAPODICASA 4. I,	
AMBR	
<del></del>	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)