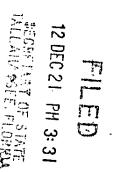
## MICOOOHCIDO

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
DEC 2 8 2012				
L. SELLERS				

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Soverign Market System (Name of Limited Liability Company)	tems LL
The enclosed member, managing member or manager resignation and fee(s filing.	) are submitted for
Please return all correspondence concerning this matter to:	
Igor Weisbrot (Contact Person)	
SWS (Firm/Company)	
1945 S. Ocean Dr #2408 (Address) Hallandale FL 33009	
Hallandale FL 33009 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Igor Weisbrot at 646, 416. 4 (Name of Contact Person) (Area Code & Daytime Telep	1221 Thone Number)
Enclosed please find a check made payable to the Florida Department of St \$25 Filing Fee  Certified Cop	ate for:
STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301	ction porations

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	Sovereign Ma		
2. This limited liab	oility company was organized un	der the laws of:	
		<u>-</u> ·	
3. The Florida doc	ument/registration number of this		
4. I, Ju	liya Weisbro Vamo of Person Resigning)	t, hereby resign as a _	MGRM (Print Title)
·	bility company and affirm the lir		,
	2	-	
Signature of Res	igning Member, Managing Mem	ber or Manager	
Filing Fee:	\$25.00 (Required)		₩
Certified Copy:	\$30.00 (Optional)		TE DEC
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. CR2E079 (5/06)			ြန္မာ မြန္