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CR2E079 (2/14)

Division of Corporations				
SUBJECT: SN 9086 LLC				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to:			
ROBERT A. FEINGOLD, ESQ				
(Contact Person)				
R/A FEINGOLD LAW & CONSULTING, PA				
(Firm/Company)				
401 E. Las Olas BOULEVARD, SUITE 1400				
(Address)				
Fort Lauderdale, FL 33301				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
ROBERT A. FEINGOLD 954)			
(Name of Contact Person) (Area	Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Flor □ \$25 Filing Fee ■ \$55	rida Department of State for: Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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)

	limited liability company as	it appears on the records	of the Florida Department		
2. The Florida docu W160007054	ument/registration number a:	ssigned to this limited liab	oility company is:		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/re	esign is:		
4. 1. James Torrey (Print Name of Person Resigning)					
MANAGER	ant of testin tesigning)				
-	(Print Title)				
of this limited lial resignation in wri	pility company and affirm thiting.		iy has been notified of my		
Signature of Di	ssociating Member or Resig	ning Manager	19 J SECH TALLE		
_	\$25.00 (Required) \$30.00 (Optional)		FIL 19 JUN -5 SECRETARY		