

M17000002477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

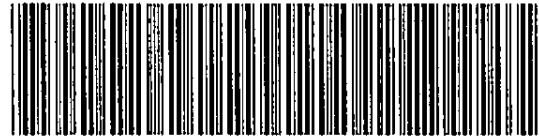
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100304084531

10/06/17--01004--030 \*\*25.00

FILED  
2017 OCT -6 PM 2:23  
TALLAHASSEE, FLORIDA

OCT 09 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SATO CONSULTING SERVICES, 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 to:

ROWEE ATARY  
(Contact Person)

DASZKAL BOLTON LLP  
(Firm/Company)

2401 NW BOCA RATON BLVD  
(Address)

BOCA RATON, FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROWEE ATARY at ( 561 ) 953-1461  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **SATO CONSULTING SERVICES, LLC**

2. The Florida document/registration number assigned to this limited liability company is:

**M1170000002477**

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **9/01/2017**

4. I, **JASON KINSALE**, hereby withdraw/resign as a  
(Print Name of Person Resigning)

**MEMBER**

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2017 OCT -6 PM 2:23  
FACILITY: TALLAHASSEE, FL 32301