## M2000001234

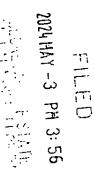
(R	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	MAIT WAIT	MAIL
(B	usiness Entity Name	9)
	ocument Number)	<del></del>
(5)	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

TO: Registration Section Division of Corporations	•
Verijet SR22 1, LLC SUBJECT:	
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	ais matter to:
Stephen Wagman	
(Contact Person)	<del></del>
(Firm/Company)	
177 Ocean Lane Drive, Unit #912	
(Address)	
Key Biscayne, FL 33149	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Stephen Wagman	305 490-2388 at ( )
(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
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM OF ORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the records of the Florida Department SR22 I. LLC
	ment/registration number assigned to this limited liability company is:
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is:
4. I. Stephen Wagman (Print Na	, hereby withdraw/resign as a me of Person Resigning)
Manager	
	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
- 3p	sociating Member or Resigning Manager
Signature of Dis	sociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)