## L17000019665

(Requestor's Name)		
(Address)		
(Address)		
<b>,</b> ,		
78. 70. 10. 10.		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(2000)		
0.45.40.4		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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## **COVER LETTER**

 $s = (t_{i,j}, \omega_{\mathbf{q},\mathbf{a}})$ 

TO: Registration Section

CR2E079 (2/14)

DELIVERY,	LLC		
SUBJECT: (Name of Limited Liability Company)			
ation and fee(	(s) are submitted for filing.		
his matter to	:		
	_		
	_		
	<u> </u>		
r, please call	:		
239	281-0285		
	e & Daytime Telephone Number)		
	Department of State for:  ng Fee & Certified Copy		
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	er, please call at (239 At (Area Code)		



## 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)

	e limited liability company as ST CLASS APPLIANCE D	it appears on the records of the Florida Department ELIVERY, LLC
2. The Florida doc	ument/registration number as	signed to this limited liability company is:
L1700001966	5	
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:
4. I, ANGELINA SANGSTER		, hereby withdraw/resign as a
(Print )	Name of Person Resigning)	, hereby withdraw/resign as a
MANAGER		
	(Print Title)	
of this limited lia resignation in wa		e limited liability company has been notified of my
	650	7
Signature of D	issociating Member or Resign	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	22 M 7. SSECTION