

L15000018700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

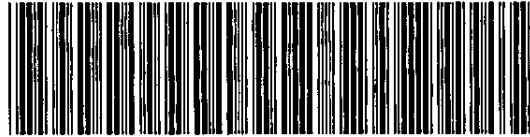
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100270674371

03/17/15--01016--023 \*\*55.00

15 MAR 17 PM 4: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*MJM*

MAR 19 2015  
XEROX T. LEWIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dropshiparu 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:

Chris Doll  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

8710 West Hillsborough Avenue #243  
(Address)

Tampa/Florida 33615  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Doll at ( 813 ) 3137077  
(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: Dropshiparu LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L15000018700
3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 12/2015
4. I, Chris Doll, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(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)

15 MAR 17 PM 4: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED