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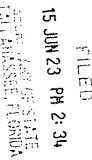
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J. HARRIS

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Platinum Signature, LLC	
(Name of Lin	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
lgor Krylov	
(Contact Person)	
Platinum Signature, LLC	
(Firm/Company)	
2500 Tamiami Tr. North, Suite 212	
(Address)	
Naples, FL 34103	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Igor Krylov	239 961-2335
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable  \$25 Filing Fee	to the Florida Department of State for:  \$\square\$ \$\\$55 \text{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

CR2E079 (2/14)



## 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)

. Plati	limited liability company as num Signature, LLC	s it appears on the records of the Fl	lorida Der	oartm	ent 
2. The Florida docu	ument/registration number a	ssigned to this limited liability con	npany is:		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: _	06/26/20	15	
D0 14700	D	, hereby withdraw/resign as a			
MGR					
	(Print Title)				
of this limited lia resignation in wr		he limited liability company has be	en notifie	d of i	my
William	co. Polger A	- N <sub>1</sub>			
Ū	issociating Member or Resig	gning Manager		15 JUN 23	<u></u> .
_	\$25.00 (Required) \$30.00 (Optional)		ASSECT STA	23 PM 2:	OB 115