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SECRETARY OF STATE

N. Guilligan APR 0 4 2007

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: Saud Lave Title (Name of Limited L	agency of Florida, LIC
The enclosed member, managing member or man- filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	matter to:
Yaux Schudler P.C (Contact Person)	•
(Firm/Company) 380 Saud Laue (Address)	
Staten Island NY (City/State and Zip Code) For further information concerning this matter, ple	0305
Yaw Schudleh at ((Name of Contact Person) (A	718 290-3356 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$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



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SECRETART UF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the loof State is: Sou	limited liability company as it appears on the records of the Florida Department ud Laue Title agency of Florida, LLC.
2. This limited liabi	lity company was organized under the laws of:
3	ment/registration number of this limited liability company is:
4. I, Alexsau	Je Polyakov , hereby resign as a Managing Member (Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
_ Aleksale	ole Polyakov
Signature of Resig	ning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
condition copy.	ψουνο (Optionar)