F080000 13000

(Req	uestor's Name)	
(Address)		
(Add	lress)	
(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



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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	it appears on the records of the Florida Department
2. The Florida doc	ument/registration number as	signed to this limited liability company is:
L0800001206	60	
3. The date this m	ember/manager withdrew/resi	gned or will withdraw/resign is:
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
Ralph Mizrah		
 	(Print Title)	
of this limited lia	ability company and affirm the	e limited liability company has been notified of my
resignation in w	riting.	6
Signature of D	vissociating Member or Resign	ming Manager
•	\$25.00 (Required)	
Cartified Copy	\$30.00 (Ontional)	₹ Ţ