109000112554

·				
(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:				

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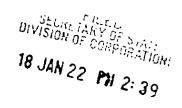
K. SALY JAN 23 2018

COVER LETTER

TO:	E		
	Division of Corporations		
SUBJ	JECT: FORT LAUDERDALE DAN	· · · · · · · · · · · · · · · · · · ·	
	(Name of Li	mited Liability Com	npany)
The e	enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
ALEX	XANDRA NEMA		
	(Contact Person)	·	-
FOR	T LAUDERDALE DANCE STUDIO	D, LLC	
	(Firm/Company)		-
1433	SE 17th St		
	(Address)		-
FOR	T LAUDERDALE, FL 33316		
	(City/State and Zip Code)		-
For fu	arther information concerning this ma	tter, please call:	
Alexa	andra Nema	518	334-6800
	(Name of Contact Person)		& Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section ion of Corporations		Registration Section Division of Corporations
	on Building		P.O. Box 6327
2661	Executive Center Circle		Tallahassee, Florida 32314
Tallah	nassee, Florida 32301		

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)

	e limited liability company a	s it appears on the records of the Florida Department E STUDIO, LLC
2. The Florida doc L0900011255	ū	assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/re	signed or will withdraw/resign is:
4. I, Ruslan Meshkov (Print Name of Person Resigning)		
Manager		
	(Print Title)	
of this limited lia resignation in w		he limited liability company has been notified of my
Signature of D	Pissociating Member or Resignation	gning Manager
_	\$25.00 (Required) \$30.00 (Optional)	