

L10 0000 46079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

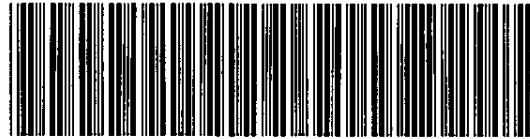
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZHUKOVSKIY USA 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:

ANATOLIY ZHUKOVSKIY
(Contact Person)

ZHUKOVSKIY USA LLC
(Firm/Company)

P.O. Box 2692
(Address)

VALRICO, FL 33595
(City/State and Zip Code)

For further information concerning this matter, please call:

ANATOLIY at (918) 877-1924
(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

CR2E079 (2/14)

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: ZHUKOVSKYI USA LLC

2. The Florida document/registration number assigned to this limited liability company is:

L 10000046079

3. The date this member/manager withdrew resigned or will withdraw/resign is: 6/23/14

4. I, KOMFORTZHYTLOBUD, LLC, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

✓ [Signature]
Signature of Dissociating Member or Resigning Manager

VADYM KRYUDA

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

14 JUN 24 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED