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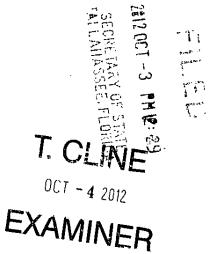
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

Division of Corporations	
SUBJECT: BOSF, LLC (Name of Limited Lia	bility Company)
The enclosed member, managing member or manafiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
Waleuska Pallais (Contact Person)	
(Firm/Company)	
1250 Atron Rd # 2B (Address)	ASSECTION OF
Miami BEACH FL 3312 (City/State and Zip Code)	57 Logar
For further information concerning this matter, ple	ase call:
	786 970-6811 rea 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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		of the Florida Department
	ility company was organized	under the laws of:	
	ment/registration number of	this limited liability comp	pany is:
4. I, Walers (Print N	Ka Fallais ame of Person Resigning)	, hereby resign as a _	MOLTA 3
	oility company and affirm the	e limited liability compan	y has been notified of my
Signature of Rési	gning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		