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questor's Name)					
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☐ WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
_ Certificates	s of Status				
Special Instructions to Filing Officer:					
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15 NOV -6 PN 5: 0s SECRETARY OF STATE TALLAHASSES FINANCE

NOV 0 9 2015 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations			
SUB.	TSARLINK, LI	LC		
	(Name of Limited Lial	bility Company)		
The e	nclosed member, resignation or dissociation a	and fee(s) are submitted for filin	g.	
Pleas	e return all correspondence concerning this ma	atter to:		
•	PAVEL J. MARTINEZ			
	(Contact Person)			
	(Firm/Company)			
	8851 NW 112 AVENUE #224			
	(Address)			
	MIAMI, FL 33178		7.55 SECO	
	(City/State and Zip Code)			77
For f	urther information concerning this matter, plea	ase call:	SSEL OALO -9	
	PAVEL J. MARTINEZ	305 316 - 2188	LCOI F STA BN S	
		rea Code & Daytime Telephone N		
	osed please find a check made payable to the F 5 Filing Fee \$5	Florida Department of State for: 55 Filing Fee & Certified Copy		
	EET/COURIER ADDRESS:	MAILING ADDRES	S:	
_	stration Section	Registration Section		
	ion of Corporations on Building	Division of Corporation P.O. Box 6327	711 5	
	Executive Center Circle	Tallahassee, Florida 33	2314	
	hassee, 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)

1. The name of the limited liability company as it appears on the records of the Florida Depa					
of State is:	TSARLINK, LLC				
2. The Florida document/re L11000104	_	igned to this limited liab	oility company is:		
3. The date this member/ma	ELLANO	gned or will withdraw/re			
(Print Name of Pe	rson Resigning) R	<u> </u>	Ü		
·		limited liability compan	ny has been notified of my		
•	ng Member of Resign 00 (Required) 00 (Optional)	ing Manager	LCD -6 PN 5: 09 PY OF STATE SEE, I'LORIDA		