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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Grave yard Classic (Name of Limited Liab	S LLC ility Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted fo
Please return all correspondence concerning this man	tter to:
Joseph Shulman (Contact Person)	
Graxyard Classics (Firm/Company)	213 DE
921 0 21 Ave (Address)	HASSEE E
Hollywood, FL 33021 (City/State and Zip Code)	LORIDA
For further information concerning this matter, please	se call:
(Name of Contact Person) at (Are	54 G46-7585 ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl	orida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 6 rave yard Classics LLC	nt
2. This limited liability company was organized under the laws of: State of Florida 3. The Florida document/registration number of this limited liability company is:	18
11000110485 Michall Shulman	
4. I, Print Name of Person Resigning), hereby resign as a PIOK (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	7
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	