URWD3979

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DEC 04 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Proud Truth LLC	
(Name of Limited Lia	bility Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
Jorge Velasquez	
(Contact Person)	
(Firm/Company)	
	⊋g 5
80 Bismark Avenue	
(Address)	
Valley Stream, NY 11581	TANCE TO THE COLUMN TH
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Jorge Velasquez 5	16 643-2404
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee \$25 Filing Fee	Florida Department of State for: 55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

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)

The name of the limited liability company as of State is: The Proud Truth, LLC	s it appears on the records of the Florid	ia Departn	nent
2. The Florida document/registration number a L12000030979	assigned to this limited liability compa	ny is:	
3. The date this member/manager withdrew/res	signed or will withdraw/resign is:	30/15	
		三 SEC 5	
(Print Name of Person Resigning)	, hereby withdraw/resign as a	是 图	77
Title MGRM		SSS J	=
(Print Title)			
of this limited liability company and affirm the	he limited liability company has been t		my
Signature of Dissociating Member of Resignature	gning Manager	37 TE IDA	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)			