2/2000/46409

(Req	uestor's Name)	<u> </u>
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
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08/04/17--01022--021 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Words Court 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:	5	2
Iliana Cogan	SEUKL IK LLAHAS	18 JUL 210
Words Count LC (Firm/Company)	RTÖRST SEELFLO	JULEI MIII: SI
1953.1 NE EMBASSY CT	LORIDA	69
NORTH MIAMI BEACH, FL, 33179 (City/State and Zip Code)		
For further information concerning this matter, please call:		-

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 li	mited liability company as it appears on the records of the Florida Department
of State is: W	ORDS COUNT LLC
	nent/registration number assigned to this limited liability company is:
L 120	1000 46409
3. The date this mem	ober/manager withdrew/resigned or will withdraw/resign is: <u>Sine</u> OS 14, 2017
4.1. Alexandr	A Schatzky . hereby withdraw/resign as a ne of Person Resigning)
MANA	Print Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ing.
A	ARC
Signature of Diss	sociating Member or Resigning Manager
Filing Fee:	
Certified Conv.	\$30.00 (Ontional)