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(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Biffer ! C (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:
Paul (aminski (Contact Person)
(Firm/Company)
60 1/2 WEST ESTHER ST
(Address)  OLLANDO FL 32806  (City/State and Zip Code)  For further information concerning this matter, places calls
For further information concerning this matter, please call:
PAUL KAMINSKI at (HU7) 902 7242 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sim\$ \$\sim\$ \$\sim\$ \$\sim\$ \$\sim\$ \$\sim\$ \$\sim\$ \$\sim\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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: _ 3	iffer 11C
2. The Florida docur	nent/registration number assigned to this limited liability company is:
L12000	067659
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 7-/-14
4.1. YAULKA	hereby withdraw/resign as a hereby withdraw/resign as a hereby withdraw/resign as a
MEMBE	Print Title)
of this limited liabi resignation in writ	lity company and affirm the limited liability company has been notified company
Signature of his	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
commed copy.	ψουνο τοριισμαι,