11200107602

(Requestor's Name)				
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(City/State/Zip/Phone #)				
(Only States 21 pri Hone W)				
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(Business Entity Name)				
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COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
MAXIM To (bot charact Person)	Kine :
(Firm/Company)	 . u
3679 17th C+1/	:
(Address) St. Petersburg Fl. (City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Maxim Torbotchkine	at (777) 204-8083 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\simeq\$ \$25 Filing Fee	to the Florida 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



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 Department
of State is:	Linkteg Ll	LC_	·
2. The Florida doci	ument/registration number assig	gned to this limited liability co	ompany is:
	2000107602	<u></u> .	, 2
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is	10-21-18
4. 1. My41~Zi	4 POJOVA Jame of Person Resigning)	, hereby withdraw/resign as	s a
	RM		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the liting.	imited liability company has l	been notified of my
NA)			
Signature of Di	ssociating Member or Resignir	ng Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		