| (Requestor's Name) | | | | |
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| ,, | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
| Special mediations to 1 mag emeci. | | | | |
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Office Use Only



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K.SALY EXAMINER DEC 17 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARAX GROUP, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Carl S. Telias

(Contact Person)

Telias & Company, Inc.

(Firm/Company)

23123 State Road 7 - Suite 236

(Address)

Boca Raton, Florida 33428

(City/State and Zip Code)

For further information concerning this matter, please call:

Carl S. Telias, Accountant at 561

,561 ,901-565*i*

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

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:

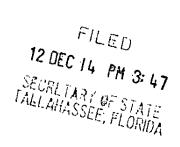
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

| | limited liability company as AX GROUP, LLC | it appears on the records of the | he Florida Department | |
|---------------------------------------|--|----------------------------------|------------------------|--|
| 2. This limited liab FLORIDA | ility company was organized | under the laws of: | | |
| 3. The Florida docu L120001288 | ument/registration number of | this limited liability compan | y is: | |
| 4. I. RUBEN FERMADJIAN | | , hereby resign as a MG | hereby resign as a MGR | |
| (Print Name of Person Resigning) | | | (Print Title) | |
| of this limited lia resignation in wr | bility company and affirm the iting. | e limited liability company ha | as been notified of my | |
| Signature of Resi | gning Member, Managing M | ember or Manager | | |
| Filing Fee: | \$25.00 (Required) | | | |
| Certified Copy: | \$30.00 (Optional) | | | |