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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	· #)
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J. Strivers MAR 2!

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LEUMAR LLC	
(Name of Limited Liability	ty Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
MAGDALENA KASPROWICZ_ (Contact Person)	
(Contact Person)	
LEUMAR LLC (Firm/Company)	
(Firm/Company)	
750 S. ORANGE BLOSSOM TEALL S	<u>e. 51</u>
OKLANDO FL 32805 (City/State and Zip Code)	
For further information concerning this matter, please	
MAUDALENA VASPLOWICZ at (40 (Name of Contact Person) (Area	<u>) 259 9013</u>
(Name of Contact Person) (Area	Code & Daytime Telephone Number
Enclosed please find a check made payable to the Flor \$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (12/13)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FRC FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears of State is: LEUMAR LLC	ppears on the records of the Florida I	Dера ——
2. The Florida document/registration number of this	s limited liability company is:	
3. The date this member withdrew or will withdraw	$v is: \frac{5/3/2014}{}$	
4. I, DOMINIK SEDZIAK, (Print Name of Person Resigning)	_, hereby resign as a <u>MANACER</u> (Print Tite	le)
of this limited liability company and affirm the lir resignation in writing.	mited liability company has been noti	ified
x / Vyu	بر الله الله الله الله الله الله الله الل	
Signature of Resigning or Dissociating Manage	er, Member	:
	· · ·	
Filing-Fee: \$25.00 (Required)	, .	
Certified Copy: \$30.00 (Optional)	· · · · · · · · · · · · · · · · · · ·	