## 113000667610

(Red	questor's Name)			
(Add	lress)	•		
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations				
SUBJECT: Bordis Moving S (Name of Limited)	enices LLC			
(Name of Limited Liability Company)				
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for			
Please return all correspondence concerning this	s matter to:			
Janine Scordo	<del></del>			
(Contact Person)				
(Firm/Company)				
14107 Citrus Crest Cir				
Tampa, 1-L 33le25 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Tanine Scordo at (Name of Contact Person)	( <u>\$13</u> ) 712 - U362 (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:	<b>MAILING ADDRESS:</b>			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				



## 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 Bordis Maving		_
2. This limited liab	ility company was organized	l under the laws of:	
Lage	iment/registration number o	06,0067610	
· · · · · · · · · · · · · · · · · · ·	SCOY do ame of Person Resigning)	, hereby resign as a	(Print Title)
of this limited liab resignation in wri	pility company and affirm the	ne limited liability company	has been notified of my
Janis	u Scordo	·	
Signature of Resi	gning Member, Managing N	Aember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		Sin Si