L13000018751

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COVER LETTER

Division of Co	orporations		
SUBJECT:	Business (Name of Limite	Ad Minis Fration ed Liability Company)	Growth, Ll
The enclosed member filing.	, managing member or n	nanager resignation and fee	(s) are submitted for
Please return all corre	spondence concerning th	is matter to:	
David	(Contact Person)		
	(Firm/Company)		
2000 N	Buyshore (Address)	Dr 619	
Miami	T(33)	3 7	
For further information	on concerning this matter	, please call:	
(Name of Co	Dolon Dontact Person)	at () SU) 604 (Area Code & Daytime Te	4274 Dephone Number)
Enclosed please find \$25	a check made payable to Filing Fec	the Florida Department of \$55 Filing Fee Certified C	&
STREET/COURIER Registration Section Division of Corporati Clifton Building		MAILING A Registration S Division of C P.O. Box 632	Section Corporations

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



FILED 2018 OCT 30 AM II: 09

SECULTANT OF STATE TALE AHASSER, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

			as it appears on the records of Administration	
2. T	his limited liability of Flor	company was organi	ized under the laws of:	
3. T		t/registration number	er of this limited liability com	pany is:
4. I,	David (Print Name o	of Person Resigning)	, hereby resign as a _	Member / Managery Member (Print Title)
	this limited liability signation in writing.	• •	n the limited liability compan	y has been notified of my
Si	gnature of Resignin	g Member, Managin	g Member or Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)

Affidavit of Non Affiliation with Business Administration Growth, LLC

October 18, 2013

RE: Affidavit of non affiliation with Business Administration Growth, LLC Document # L13000078751

My name is David H. Wolan. I am 37 years old, am working as President of Irefer, LLC and reside at 2000 N. Bayshore Drive Unit 619 Miami, FL 33137.

One day consists of 24 hours.

I declare that, I am not affiliated in any way with the above referenced corporation. I have asked the President of Business Administration Growth, LLC on various occasions to remove my name from this company as I am not a member, managing member, partner or registered agent of this corporation. I hereby, release myself of any responsibility with this company and its' affiliates.

DAVID H. WOLAN

STATE OF FLORIDA COUNTY OF DADE

on Oct 28,2013	before me, David Wolan				
personally appeared <u>Miami</u>	, proved to me on the basis of				
•	whose name is subscribed to the within Affidavit				
and acknowledged to me that he executed the same in his authorized capacity, and who					
	w, deposes an says that he has read the foregoing				
-	the matters stated herein are the true based on				
knowledge and belief.	•				

I certify under PENALTY OF PERJURY under the laws of the State of Florida that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Juliana V gewell (Notary Seal)

Notary Public State of Florida Juliana V Jewell My Commission EE 841154 Expires 10/07/2016