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S. WARREN AUG 1 1 2017

COVER LETTER

Division of Corporations				
Bikini Slayer, LLC				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and feet	s) are submitted for filing.			
Please return all correspondence concerning this matter to	:			
Nicole Gargasz	_			
(Contact Person)				
Bikini Slayer, LLC				
(Firm/Company)	_			
2875 S. Orange Ave, Suite 500-615				
(Address)	_			
Orlando, FL 32806				
(City/State and Zip Code)	_			
For further information concerning this matter, please call:				
Nicole Gargasz 407	247-3581			
	e & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee □ \$55 Filing	Department of State for: ng 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 (2/14)



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)

	e limited liability company ni Slayer, LLC	as it appears on the records of	the Florida Department	
	ument/registration number	assigned to this limited liabilit	y company is:	
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign	08/03/2017 n is:	
4. 1, Randall Smith (Print Name of Person Resigning)				
Managing M				
	(Print Title)			
resignation in w		the limited liability company h	nas been notified of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	<u>-</u>	17 AUG 10	