13000099675

(Requestor's Name)				
(Address)				
(Address)				
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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VITY STATE STATE SECREDARY OF STATE OFFICE OF THE

UC Member Resign

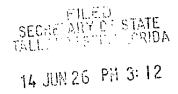
UUL 14 2014 T. CARTER

COVER LETTER

TO: Registra	ation Section		
Division	n of Corporations		
SUBJECT: SI	PARKLE SPIRIT LLC		
	(Name of L	imited Liability Co	mpany)
The enclosed m	ember, resignation or disso	ociation and fee(s) are submitted for filing.
Please return al	l correspondence concernin	g this matter to:	
IRINA VASSII	_IEVA		
	(Contact Person)		_
N/A			
	(Firm/Company)		_
1904 S OCEA	N DR APT 506 SOUTH		
	(Address)		_
HALLANDALE	E BEACH FL 33009		
	(City/State and Zip Code)		_
For further info	rmation concerning this ma	ntter, please call:	
IRINA VASSII	_IEVA	646 at (217-9818
(Nam	e of Contact Person)	· · · · · · · · · · · · · · · · · · ·	& Daytime Telephone Number)
Enclosed please \$25 Filing Fe	e find a check made payable ee		Department of State for: g Fee & Certified Copy
Registration Ser Division of Cor	porations		MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Tallahassee Flo	Center Circle		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)

	• • •	it appears on the records of the Florida Department	
of State is:	RKLE SPIRIT LLC		
		signed to this limited liability company is:	
L1300009967	5		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:	
4. I, IRINA VASSILIEVA (Print Name of Person Resigning)		hereby withdraw/resign as a	
(Print N	Jame of Person Resigning)	, nerooy wandawatesign as a	
MANAGER			
	(Print Title)		
of this limited lia resignation in wr	• •	e limited liability company has been notified of my	
B	uf		
Signature of D	issociating Member or Resign	ning Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		