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SECRETARY OF STATE

July ... 8 7918

T. HAMPTOR

COVER LETTER

Division of Corporations	
SUBJECT: Executive Concierge Services L (Name of Limited Liability Company)	LC
(Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Kai Stadler Jasch Weiss (Contact Person)	
Weiss Law Group, PA (Firm/Company)	
12512 W. Atlantic Blvd (Address)	
Coral Springs, FL 33071 (City/State and Zin Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) (Area Code & Daytime Telephone Num	
(Name of Contact Person) (Area Code & Daytime Telephone Num	ber)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	

Tallahassee, Florida 32301

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)

1 The constitution	17 % . 4 17 - L-210		41	da of the	Elavida Danurtmant
	limited liability compa Xecative				_
L 130	iment/registration num	6			
3. The date this me	mber/manager withdre	w/resigned or	r will with	draw/resign is	s: 5/27/2015
4. I, Print N (Print N	ame of Person Resigning) (MALAS	roup, h	ereby with	ndraw/resign a	as a
of this limited lial resignation in wr	polity company and affitting	írm the limite	d liability kai	company has	
Signature of Di	ssociating Member or	Resigning Ma	anager	(0-)	0 1'
Filing Fee: Certified Copy:	• •				FILLAHASSEE.F