L13000114476

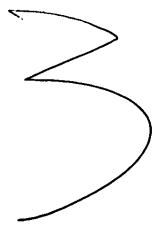
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT. BUDSWIT LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CHUPRYNA, PAVLO

(Contact Person)

BUDSWIT LLC

(Firm/Company)

1920 HALLANDALE BEACH BLVD PH 10

(Address)

HALLANDALE FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

CHUPRYNA, PAVLO

,646 ,7

(Name of Contact Person)

(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:

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

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER. MANAGING MEMBER OR MANAGER

FROM FLORIDA OR FOREIGN I	IMITED LIABILITY COMPANY =
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	بن ` ** چ چ ***********************************
1. The name of the limited liability company as it of State is: BUDSWIT LLC	A A STATE LIABILITY COMPANY A STATE AND A
2. This limited liability company was organized u FLORIDA	under the laws of:
3. The Florida document/registration number of t L13000114476	his limited liability company is:
4. I, CHUPRYNA, PAVLO	hereby resign as a MGRM
(Print Name of Person Resigning)	, hereby resign as a MGRM (Print Title)
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my
Sty f	
Signature of Resigning Member, Managing Me	mber or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	