(Re	questor's Name)	•
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	

Office Use Only



600263477856

600263477856. 09/23/14--01020--008\_\*\*55;0 \$E\$ 23 M 8: 21

### **COVER LETTER**

	Division of Corporations
	SUBJECT: TOIL 11475 LLC
	(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:
	Belussi Gillea (Contact Person)
	(Contact Person)
	TOII 114 75 11C (Firm/Company)
	9455 Collins AV. APT 901 (Address)
	SURFSIDE F1 33154  (City/State and Zip Code)
	For further information concerning this matter, please call:
	DELUSSI GINEA at (786) 247 90 58  (Name of Contact Person) (Area Code & Daytime Telephone Number)
	(Name of Contact Person) (Area Code & Daytime Telephone Number)
	Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section

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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is:
2. The Florida document/registration number assigned to this limited liability company is:
L13000118634
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sep 1 - 3
4. I, Gikui BEIUSSI, hereby withdraw/resign as a (Print Name of Person Resigning)
MGRM (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)