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(Requestor's Name) (Address)	
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(City/State/Zip/Phone #)	
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COVER LETTER

TO: Registration Section Division of Corporations	
2 milet et es permiens	
SUBJECT: LERAFIFA, L.L.C.	
(Name of Limi	ited Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to:
EVGENIY GARBOVSKIY	
(Contact Person)	
(Firm/Company)	
17070 COLLINS AVE STE 260	
(Address)	
SUNNY ISLES BEACH, FL 33160	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
EVGENIY GARBOVSKIY	305 764-9657
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy
CERTIFICATION ADDRESS	MAN DIG ADDDEGG
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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)

	limited liability company as AFIFA, L.L.C.	s it appears on the records of the	Florida Department
2. The Florida doc		ssigned to this limited liability o	ompany is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is	06/01/2016
EVOENIX O	A DD OVOKIV	, hereby withdraw/resign a	
(Print N	lame of Person Resigning)		
MGR			
···········	(Print Title)		
of this limited lial resignation in wr		ne limited liability company has	been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	16 JUN 20 SECRETARY
	\$25.00 (Required) \$30.00 (Optional)		20 PH 1:37