

L14000005307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

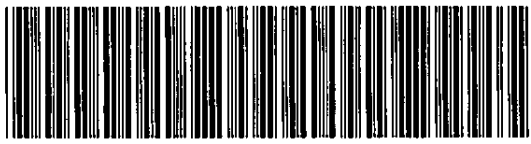
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

mgr resignation

MUROFF, MILESTONE AND MILESTONE
ATTORNEYS AT LAW

NEIL A. MILESTONE
neil@mmmtitle.com

JAN MILESTONE
jan@mmmtitle.com

MELVIN I. MUROFF
(1917-1992)

AVENTURA, VIEW, SUITE 709
2999 NORTHEAST 191st STREET
AVENTURA, FLORIDA 33180
TELEPHONE (305) 682-2324
BROWARD (954) 454-4522
FAX (305) 682-2327

December 17, 2014

Via: FedEx

Registration Section
Divisions of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

RE: Remaks, LLC, a Florida limited liability company – Document Number L14000005307

Dear Sir/Madam:

Enclosed please find the Articles of Amendment to Articles of Organization and Resignation of Manager for the above-referenced company for filing.

Also enclosed please find our check for \$50.00 for the filing fees.

Kindly send the acknowledgement letter(s) via this office.

Please feel free to contact the undersigned if you have any questions.

Thank you for your anticipated cooperation.

Very truly yours,



NEIL A. MILESTONE
NAM:sb
Encls.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REMAKS, 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:

NEIL MILESTONE

(Contact Person)

MUROFF, MILESTONE AND MILESTONE

(Firm/Company)

2999 Northeast 191st Street, Suite 709

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Neil Milestone

(Name of Contact Person)

at (305) 682-2324

(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



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: REMAKS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000005307

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/11/2014

4. I, NATALIA ROGALSKAYA, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

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TALLAHASSEE, FLORIDA

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)