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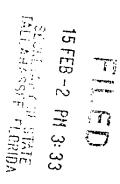
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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(RM) 2-5-15

COVER LETTER

Division of Corporations	
SUBJECT: BoddeCO (Name of Limited Liability Com	pany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Laura kentura	
(Contact Person)	
(Firm/Company) 504 S Oxford OWL Ap+ 403 (Address)	15 FEB -2 PM
10s angules , CA 90020 (City/State and Zip Code)	PH 3: 33
For further information concerning this matter, please call:	ς, ω
Enclosed please find a check made payable to the Florida De	& Daytime Telephone Number)
G \$25 I ming I co	tee & Columen 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:	Boddeco.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L14000	011554
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 127/15
4. I, AUYO (Print N	we of Person Resigning), hereby withdraw/resign as a
<u> </u>	(Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
	Mu
Signature of Oi	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Conv.	\$30.00 (Ontional)