L14000032771

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
()-		
(Do	cument Number)	
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COVER LETTER

Division of Corporations
SUBJECT: L'Ke fract Certy, UC (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:
Delity Coff, 66 (Contact Person)
(Firm/Company)
F/6 SW 14th Ave. (Address)
ft. Louderslote fl. 333/2 (City/State and Zip Code)
For further information concerning this matter, please call:
Deby Josephiels at 954 328-5429 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\frac{1}{2}\$ \$

STREET/COURIER ADDRESS:

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

TO: Registration Section

CR2E079 (2/14)

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:	Liketrack Center, LC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L140	0003277/
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4.1, /)eb	hereby withdraw/resign as a withdraw of Person Resigning)
	(Print Title)
of this limited lia resignation in w	ibility company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)