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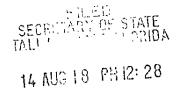
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CR2E079 (2/14)

TO: Registration Section Division of Corporations

SUBJECT: Born Bak Allience 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:
Ahab Garas (Contact Person)
(Contact Person)
Born Bak Alliance (Firm/Company)
(Firm/Company)
114 Dr.Ftwood Lone
Largo FL 33770 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Allab Garas at (216) 392 - 6431 (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: □ \$25 Filing Fee \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301





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 it appears on the records of the Florida Department Boch Bak Alliance LLC.
	ment/registration number assigned to this limited liability company is:
L14000	00 33171
	mber/manager withdrew/resigned or will withdraw/resign is: 8-31-2010
4. I,	, hereby withdraw/resign as a me of Person Resigning)
	rint Title)
of this limited liab resignation in wri	ility company and affirm the limited liability company has been notified of my
Signature of Dis	sociating Member or Resigning Manager
•	\$25.00 (Required) \$30.00 (Ontional)