# 11400033171

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#### **COVER LETTER**

Division of Corporations
SUBJECT: Bornbak Alliance 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:
(Contact Person)
Bornback Alliane LLC (Firm/Company)
1/4 Diftwood Lu (Address)
LA2GU FL 3377U (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (216) 392 643 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$55 \text{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

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	y company as it	appears on th	e records of the	Florida Department
of State is:	bornbak	Alliano	2 (	<u></u>	
2. The Florida doci	ument/registrati	ion number assi	gned to this li	mited liability c	company is:
<u> </u>	<u> </u>	33171	·		
					s: 12-22-2017
$4.1, \frac{\text{Sarce}}{(Print N)}$	<u> </u>	Signing)	, hereby w	ithdraw/resign a	as a
	,		imited liabilii	v company has	been notified of my
resignation in wr		and armin the r	milica naomi	y company nas	Co
یــ	Lunder J.	ehatu			\$H 7:52
Signature of Di	ssociating Men	nber or Resignir	ng Manager		
Filing Fee:	\$25.00 (Red	quired)			
Certified Copy:	\$30.00 (On	tional)			