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| (Requestor's Name)                      |
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|   |
| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| <u> </u>                                |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |             |  |  |  |
|--|-------------|--|--|--|
| SUBJECT: Pephdobsy LLC Name of Limited Liability Company)  | <del></del> |  |  |  |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  |             |  |  |  |
| Please return all correspondence concerning this matter to:  |             |  |  |  |
| Jonathan Raberto (Contact Person)  |             |  |  |  |
| Peptidology LLC (Firm/Company)   |             |  |  |  |
| 1865 Copperstone Drive, Apt D  |             |  |  |  |
| Fleming Isle FL 32003 (City/State and Zip Code)  |             |  |  |  |
| For further information concerning this matter, please call:   |             |  |  |  |
| Scott Snyder at (954) 675 - 4882<br>(Name of Contact Person) (Area Code & Daytime Telephone Nu   | ımber)      |  |  |  |
| Enclosed please find a check made payable to the Florida Department of State for:  2 \$25 Filing Fee  \$ Certified Copy  |             |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS Registration Section Division of Corporation Division of Corporation P.O. Box 6327 |             |  |  |  |

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

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)

| 1. The name of the                        | limited liability company as it appears on the record       | ds of the Florida Department             |
|---|---|--|
| of State is:                              | Hidology LLC  | ······································   |
|   | ment/registration number assigned to this limited li        | ability company is:                      |
| <u> 1400</u>                              | 0114401   |  |
| 3. The date this me                       | mber/manager withdrew/resigned or will withdraw/            | resign is: 2/21/15                       |
| 4. I, Christog                            | her Lee Dictze , hereby withdraw.  ame of Person Resigning) | /resign as a                             |
| <u>Manage</u>                             | (Print Title)   |  |
| of this limited lial<br>resignation in wr | oility company and affirm the limited liability comp        | any has been notified of my              |
|   |   | 7 .                                      |
| Signature of Di                           | sociating Member or Resigning Manager                       | FIL<br>IS FEB 27<br>SECRETAR<br>ALLAHASS |
| Filing Fee:                               | • • •   | ιπ-< <del>¦π</del>                       |
| Certified Copy:                           | \$30.00 (Optional)  | DPH 4: 2<br>OF STATE. FLORE              |
|   |   | : 28<br>TATE<br>ORIC                     |