L14000 118983

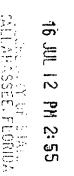
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ess Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



500287780385

07/12/16--01024--015 **25.00



JUL 1 4 2016 Y SULKER

COVER LETTER

Division of Corporations					
SUBJECT: 5233 Cleveland Rd (Name of Limited Liability Co.	mpany)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Gavin Merczak - Dinol Fo (Contact Person)	_				
(Firm/Company)	_				
1563 Sagay Ave (Address)	_				
Santa Rosa (A 95 40) (City/State and Zip Code)	_				
For further information concerning this matter, please call:					
(Name of Contact Person) at (70) (Area Code) 495 3725 & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: 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)

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	e limited liability company as it appears on the records	of the Florida Dep	artment
of State is: 5	233 cleveland Rd IIC		·
2. The Florida docu	ument/registration number assigned to this limited liab	ility company is:	
L 1400011	18983	ŭ	
	ember/manager withdrew/resigned or will withdraw/res	100	5 <u>≇06</u> 5
4. I, <u>Quym Y</u> (Print N	Mexczak-Dingleo, hereby withdraw/rew/rew/rew/rew/rew/rew/rew/rew/rew/re	7 }	
_ MGRM	(Print Title)	프렐리 @	אין היי
of this limited liab resignation in wri	bility company and affirm the limited liability companyiting.	y has been notified	i of my
Jan 11	MUDOZ		
Signature of Di	issociating Member or Resigning Manager		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		