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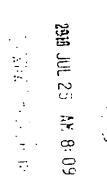
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations					
SUBJECT: YELLOW-OFF LLC					
(Name of Limited Liability Company)					
The enclosed member, resignation or dis	ssociation and fee	e(s) are submitted for filing.			
Please return all correspondence concern	ning this matter to):			
MARC RICHTER					
(Contact Person)		_			
YELLOW-OFF LLC					
(Firm/Company)					
5974 LAS COLINAS CIRCLE					
(Address)		_			
LAKE WORTH, FL 33463					
(City/State and Zip Code)		_			
For further information concerning this r	natter, please call	:			
MARC RICHTER	561	512-2986			
(Name of Contact Person)		e & Daytime Telephone Number)			
Enclosed please find a check made payab \$25 Filing Fee		Department of State for: g 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			



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)

	e limited liability compa LLOW-OFF LLC	my as it appears on the records of the	Florida	Depar	1ment
2. The Florida doo		ber assigned to this limited liability co	трапу	is:	
		w/resigned or will withdraw/resign is: NG CORF, hereby withdraw/resign as		2018	
	(Print Title)				
resignation in wi	iting.	m the limited liability company has be	een not	ified o	fmy
by avi To Signature of D	in المرزية issociating Member or R	UNICO I.T.C. 7777 GLADES RD. SUITE 100 esigning Manager 434			
			.:•	2810 JUL	
Filing Fee:	\$25.00 (Required)			ي	
Certified Copy:	\$30.00 (Optional)		77 :	2	
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