L14 000135653

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| , | | | | |
| (City (Chapter 77 or 171) and 40 | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| · | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| • | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



700355239877

11/24/20--01027--002 **25.00



COVER LETTER

| TO: | Registration Section | | |
|---------|------------------------------------|---------------------|---|
| | Division of Corporations | | |
| SUBJE | | | |
| | (Name of I | Limited Liability C | ompany) |
| The en | closed member, resignation or diss | ociation and fee | e(s) are submitted for filing. |
| Please | return all correspondence concerni | ng this matter to | o: |
| [manue] | Hazan | | |
| | (Contact Person) | | |
| Machine | : Top, LLC | | |
| | (Firm/Company) | | |
| 720 SW | 4th Ct. | | |
| • | (Address) | | |
| Dania B | each, Fl;orida 33004 | | |
| | (City/State and Zip Code) | | |
| For fur | ther information concerning this m | atter, please cal | 1: |
| Matthew | / Cohen | 954 at (| 323-1023 |
| | (Name of Contact Person) | | de & Daytime Telephone Number) |
| Enclose | ed please find a check made payabl | le to the Florida | Department of State for: |
| | Filing Fee | | ng Fee & Certified Copy |
| | Mailing Address: | | Street Address: |
| | Registration Section | | Registration Section |
| | Division of Corporations | | Division of Corporations |
| | P.O. Box 6327 | | The Centre of Tallahassee |
| | Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

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)

| | limited liability company as ine Top, LLC | | |
|----------------------------|---|-------------------------------|-------------------------|
| | ument/registration number ass | | |
| 3. The date this me | mber/manager withdrew/resign | gned or will withdraw/resig | n is: |
| 4. I, Aaron Cohen (Print N | ame of Person Resigning) | , hereby withdraw/resig | çn as a |
| | (Print Title) bility company and affirm the iting. | : limited liability company l | nas been notified of my |
| SignotopolofoDi | ssociating Member or Resign | ning Manager | 2620 NOV 24 |
| | \$25.00 (Required) \$30.00 (Optional) | | PM 6: 26 |