L14000139441

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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TÄLLÄHÄSSEE. FLORIDA

MAR 24 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Silver Breeze LLC	
(Name of Li	mited Liability Company)
The enclosed member, resignation or dissort	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Andriy Popov	
(Contact Person)	
(Firm/Company)	
109 S Starling Dr	
(Address)	<u>*</u>
Palm Coast FL 32164	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Maryna Onishchenko	386 237-1210
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building	Tallahassee, Florida 32314
2661 Executive Center Circle Tallahassee, Florida 32301	rananassee, rionda 32314

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAR | 9 PM | 2: 42

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 Department
of State is: Silv	er Breeze LLC	·
2. The Florida doc 47-1792782	cument/registration number ass	gned to this limited liability company is:
3. The date this m	ember/manager withdrew/resig	ned or will withdraw/resign is:
4. I, Maryna Onishchenko		, hereby withdraw/resign as a
(Print) manager	Name of Person Resigning)	
	(Print Title)	
of this limited li resignation in w		limited liability company has been notified of my
\mathcal{C}). Skummer	
Signature of D	Dissociating Member of Resigni	ng Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)	