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COVER LETTER

TO:	_	stration Section ion of Corporations				
SUBJ	ECT:	AKTIBO LLC.				
5050	ZCI.	(Name of Limited Liability Company)				
The er	nclosed	l member, resignation or diss	ociation and fee(s	e) are submitted for filing.		
Please	return	all correspondence concerni	ng this matter to:			
PETE	ER KU	ESTERMANN				
		(Contact Person)		-		
AKTII	BO LL	С				
		(Firm/Company)		_		
РО В	OX 52	20635, F-20				
		(Address)		_		
MIAN	/II, FL.	33152				
		(City/State and Zip Code)		_		
For fu	rther in	nformation concerning this m	atter, please call:			
PETE	ER KU	ESTERMANN	305 at (322-3957		
	(N	ame of Contact Person)		& Daytime Telephone Number)		
	sed ple 5 Filing	ase find a check made payab g Fee		Department of State for: g Fee & Certified Copy		
Regist Divisi Cliftor 2661 I Tallah	tration on of (n Build Execut nassee,	ive Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
CR2E07	79 (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)

AKTI	imited liability company as BO LLC.	it appears on the records of the	Florida Department
2. The Florida docu L14000163691	_	ssigned to this limited liability co	ompany is:
JOHN LARSO	ON .	igned or will withdraw/resign is: , hereby withdraw/resign as	≥ž 므
MGRM	-	, hereby withdraw/resign as	21 AM
		e limited liability company has t	- CO: 🔰 🏁
Signature of Die	sociating Member or Resig	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		