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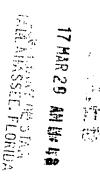
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PICK-UP	WAIT	MAIL.
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COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: LEKOR GROUP, LLC. (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Oksana Koreckaya (Contact Person)
Lekor Group LCC
Lekor Group LCC (Firm/Company) 113 Yacht club cir N. Redington Beach, FC 33708 (Address)
N. Redington Beach, FL 33708 (City/State and Zip Code)
For further information concerning this matter, please call:
Yuriy Lek htman at (718) 7553335 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \\$25 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

Tallahassee, Elorida

P.O. Box 6327

Division of Corporations

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

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 Department
of State is:	LEKOr Group LLC
2. The Florida do	cument/registration number assigned to this limited liability company:
	L15000010065
3. The date this n	nember/manager withdrew/resigned or will withdraw/resign is: 03.24.2017
4. I, OKSan	A Koreckaya, hereby withdraw/resign as a
Mar	19ger (Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of mriting.
tin	
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)