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J.HARRIS

## COVER LETTER

TO: Registration Section **Division of Corporations** LF DISTRIBUTION LLC **SUBJECT:** (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: Ross P. Beckerman (Contact Person) Tim A. Shane, P.A. (Firm/Company) 5301 N. Federal Highway, Suite 130 (Address) Boca Raton, FL 33487 (City/State and Zip Code) For further information concerning this matter, please call: Ross P. Beckerman (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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)

1. The name of th	e limited liability company	as it appears on the records of the Flor	rida Department
of State is: LF	DISTRIBUTION LLC		·
2. The Florida doc	cument/registration number	r assigned to this limited liability comp	oany is:
L150000127	05		
3. The date this m	ember/manager withdrew/r	resigned or will withdraw/resign is:	1/03/2017
4. l, Laurence Lorient  (Print Name of Person Resigning), hereby withdraw/resign as a			
(Print	Name of Person Resigning)		
Member/Ma	nager		
	(Print Title)	·	
of this limited li- resignation in w		the limited liability company has been	notified of my
			17
	ROOS		C
Signature of Dissociating Member or Resigning Manager		्र प्रमुख्य प्रमुख्य	
Filing Fee:	\$25.00 (Required)		2: 0.5
Certified Conv:	\$30.00 (Optional)		<b>=</b> 9/3