45000025232

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



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COVER LETTER

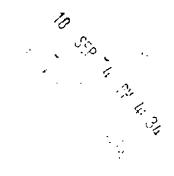
TO:

CR2E079 (2/14)

Registration Section

Division of Corporations LAKE WORTH BOYS, 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: Brian Kopelowitz (Contact Person) Kopelowitz Ostrow PA (Firm/Company) One West Las Olas Blvd., Suite 500 (Address) Fort Lauderdale, Florida 33301 (City/State and Zip Code) For further information concerning this matter, please call: Brian Kopelowitz (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee MAILING ADDRESS: STREET/COURIER 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





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 it E WORTH BOYS, LLC | appears on the records of the Florida Department |
|--|---|--|
| 2. The Florida docu L1500002523 | | gned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew/resign | ned or will withdraw/resign is: |
| 4. I, EDWARD JOHN (Print Name of Person Resigning) | | , hereby withdraw/resign as a |
| managing me | mber | |
| of this limited lia resignation in wr | • | imited liability company has been notified of my |
| Filing Fee: | \$25.00 (Required) \$30.00 (Optional) | ig trianaget |