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COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: EGO BIZ, LLC (Name of Lin	nited Liability Co	mpany)
The enclosed member, resignation or dissoc	•	
Please return all correspondence concerning	this matter to:	
George Robbat		
(Contact Person)		_
Ego Biz, LLC		
(Firm/Company)		_
1007 NE 43rd St		
(Address)	· · · · · · · · · · · · · · · · · · ·	_
Oakland Park, FL 33334		
(City/State and Zip Code)	·	-
For further information concerning this matter	er, please call:	
George Robbat	954 at (564-3287
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314



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	limited liability company as	s it appears on the records of the	ne Florida Department	
of State is:	O BIZ, LLC		·	
2. The Florida docu L1500012350	•	ssigned to this limited liability	company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is:	
4. I, Mary Koziara (Print Name of Person Resigning)		hereby withdraw/resign as a		
(Print N	ame of Person Resigning)	, , , , , , , , , , , , , , , , ,		
Manager				
	(Print Title)			
of this limited lia resignation in wr		ne limited liability company ha	as been notified of my	
M/1	nen Koniara			
Signature of Di	ssociating Member or Resig	gning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)		AUG -6	