U500129132	
(Requestor's Name) (Address) (Address)	300279566033
(City/State/Zip/Phone #)	04/14/1601014003 **25.00
Certified Copies Certificates of Status	FILED 2016 APR 14 A 10: 54 SECRE TARY OF STATE TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section Division of Corporations

19096 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:

(Contact Person) Huge LLC (Firm/Company) 4430 Portutino Way Apt 203 (Address) FL 33409 (City/State and Zip Code)

For further information concerning this matter, please call:

John Colin Thompson at (215) 450-5791 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

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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 the limited liability company as it appears on the records of the Florida Department

anue. of State is:

2. The Florida document/registration number assigned to this limited liability company is:

15000129132

3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{415}{2016}$

4. I, <u>Nicholas</u> FligKOS , hereby withdraw/resign as a (Print Name of Person Resigning)

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)

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