L15000175189

· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MA!L
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: ENGRAVE FOR LIFE, LL (Name of	_C Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Robert Dzhafarov	
(Contact Person)	
·	
(Firm/Company)	
1245 Americana Płace	
(Address)	
Orlando, FL 32807	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
Robert Dzhafarov	407 2560846
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	le to the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy
	a tre ining i do a common copy
STDEET/COUDIED ADDDESS.	MAILING ADDRESS.

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

	company as it appears on the records of the Florida Department
2. The Florida document/registration L15000175189	on number assigned to this limited liability company is:
	withdrew/resigned or will withdraw/resign is: 01/04/2016
	and affirm the limited liability company has been notified of my
resignation in writing. Signature of Dissociating Men	ber or Resigning Manager
Filing Fee: \$25.00 (Rec Certified Copy: \$30.00 (Opt	

CR2E079 (2/14)

2016 JAN -8 AM 9:01